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ABSTRACT

The document provides reports on 92 model programs serving families with developmentally disabled individuals. Programs range from the avoidance of residential care, through an active parent staff intervention activity, to the outreach by staff into the home of the child where the parent has been trained to carry out a number of activities, to the program in which the parents themselves do most of the work after having been trained to teach other parents how to manage, train, and supervise thier handicapped children. A majority of the programs focus on the mother as the major figure in the family to attend the training programs and provide the home intervention. In a few cases, the fathers attend, and in some, the mothers train the fathers and siblings at home to help with management of the handicapped child. Several states have programs which reach out to families in rural areas. Programs are presented in sections for each of the 10 United States' geographical regions and one foreign region (Wales). Data on each program usually includes the following: title, address, contact person, target population, purpose, expected results, staff required, service delivery, material costs, agencies involved, and comments. (SBH)

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Model Programs Serving
The Developmentally Disabled
Through Family Education

By
John J. Noone, Ed.D.

Special Education and Rehabilitation Systems
Washington, D.C.

for

The Joseph P. Kennedy, Jr. Foundation
Washington, D.C.

and

Region III Developmental Disabilities Office
Philadelphia, Pennsylvania

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Preface

Staff at Special Education and Rehabilitation Systems are extremely grateful to the many program directors who responded to our requests for information on their parent training activities and to those who gave freely of their time during personal interviews.

While we did not talk directly with family members about their reactions to the education and training programs, sufficient information was revealed by program directors and staff to assure us that the problems were few and that the success of the programs was well beyond family expectations.

This staff assumes responsibilities for any errors and omissions in the programs described.

Special Education and Rehabilitation Systems

Foreword

We continually move forward in our work with handicapped children. To stand still is to stagnate. Therefore, in this document we report a progress -- a movement towards working directly with families of developmentally disabled individuals. Many programs are described -- each with a unique approach. However the emphasis is the same -- to teach families to work and play with the disabled family member. The model programs should provide you with an adequate framework by which to build your own program to work with families. Good luck as you grow and prosper in your endeavors.

Eunice Kennedy Shriver

6

TABLE OF CONTENTS

Academic Vocational Program for Severely Handicapped Navajo Children. Tohatchi, New Mexico -- Region VI....................148

Access to Mainstream. Powelville, North Carolina -- Region IV......103

A Home Treatment Program. Seattle, Washington -- Region X..........226

A Model Demonstration Project for Home-Based Early Education of Handicapped Children. Salt Lake City, Utah -- Region VIII..192

A Model for the Early Education of Handicapped Children and their Families. Los Angeles, California -- Region IX..........203

A Nationally Organized Collaborative Project to Provide Comprehensive Services for Atypical Infants. New York, New York -- Region II..37

A Total Milieu Approach to Handicapped Infant Education. Commack, New York -- Region II...................................30

Benefits to Down's Syndrome Children Through Training Their Mothers. Cardiff, Wales.......................................229

Career Laboratories Utilizing Experience. Des Moines, Iowa -- Region VII..159

Child Advocacy County Agents for Children. Nashville, Tennessee -- Region IV..112

Child Development Program. Chesapeake, Virginia -- Region III.......70

Child Service Demonstration Center. Hato Rey, Puerto Rico -- Region II...42

Chittenden South Model Demonstration Child Services Center, Shelburne, Vermont -- Region I................................24

Community Nursing and Developmental Program. Georgetown, Delaware -- Region III...44

Comprehensive Special Education Program to Prevent or Reverse Institutionalization. Quincy, Massachusetts -- Region I..21

Comprehensive Training Program for Infants and Young Cerebral Palsied Children. Milwaukee, Wisconsin -- Region V...........134

Demonstration Training Center for Mentally Retarded Infants of Teenage Mothers. Houston, Texas -- Region VI..............154

Developmental Education, Birth Through Two. Lubbock, Texas -- Region VI..156

Early Childhood Education Center. Elsmere, New York -- Region II....32

Early Childhood Parent Education Training Outreach Project. Martinsburg, West Virginia -- Region III....82

Early Education for Multihandicapped Institutionalized Children. Kent Ohio -- Region V....132

Early Intervention Programs. Meriden, Connecticut -- Region I....10

Educational Intervention Beginning in Neonatal Care Units. Cincinnati, Ohio -- Region V....128

Educational Reform Through Parent Involvement and Special Needs Project. Ramah, New Mexico -- Region VI....145

Effectiveness of Parents as a Treatment Source in Rural Areas. Logan, Utah -- Region VIII....189

Enrichment Project for Handicapped Children. Honolulu, Hawaii -- Region IX....213

Establishment of Services Demonstration Centers for Children with Specific Learning Disabilities. Muncie, Indiana -- Region V....116

Family and Infant Learning Program. Morgantown, West Virginia -- Region III....85

Fathers and Their Infants. Seattle, Washington -- Region X....220

Guide to the Community. Elwyn, Pennsylvania -- Region III....54

Handicapped Children's Early Education Program. St. Paul, Minnesota -- Region III....126

Home and School Services for Handicapped Children, 0-4. Magnolia, Arizona -- Region IX....197

Home Educational Learning Program (HELP). Washington, D.C. -- Region III....50

Home Management Program. East Orange, New Jersey, -- Region II....27

Homestart Project. McCloud, Oklahoma -- Region VI....150

Infant Development Center. South Portland, Maine -- Region I....17

Infant Education for Multihandicapped Children. Charlottesville, Virginia -- Region III....66

Infant Intervention in a Chicano Barrio. Los Angeles, California -- Region IX....199

Integrated Model for Handicapped Early Childhood Development. New York, New York -- Region II..............................39

Infant Parent Education Project. Los Angeles, California -- Region IX..201

Infant Special Education Project. San Francisco, California -- Region IX..211

Jaycee Evaluation Center. Ellittesville, Mississippi -- Region IV..94

Laguna Pueblo Special Education Project. Laguna, New Mexico -- Region VI..143

Learning Language At Home (CEC). Reston, Virginia -- Region III...75

Mississippi Action for Teaching Children at Home (MATCH) Sanatorium, Mississippi -- Region IV.........................96

Multiagency Preschool Program for the Handicapped. Logan, Utah -- Region VIII..190

National Child Advocacy Project for Autistic Children. Washington, D.C. -- Region III...............................46

North Central Louisiana Model Preschool Program for Handicapped Children. Baton Rouge, Louisiana -- Region VI....141

Outreach Preschool Program, Casa Colina Hospital. Pomona, California -- Region IX.....................................209

Outreach Project of the Parent Tape Training Program. Ladson, South Caroline -- Region IV..........................105

Parent Action in Childhood Education (PACE). Dubuque, Iowa -- Region VII..160

Parent Child Home Stimulation. Marshalltown. Iowa -- Region VII...163

Parent Child Home Visitation Project. Frederick, Maryland -- Region III.......................................52

Parents as Speech Teachers for Autistic Children. New Brunswick, New Jersey -- Region II..............................29

Play to Grow Program. Washington, D.C. -- Region III..............48

Project Let's Move Ahead. Harrington, Maine -- Region I...........16

Project Maine Stream Child Development and Family Resource Center. Cumberland, Maine -- Region I........................14

Parent Education Programs. Eugene, Oregon -- Region X............216

Parent-Infant Project. Oakland, California -- Region IX..........207

Parent Infant Education Program (PIE). Arlington, Virginia -- Region III..........64

Parent Training Program. Chesapeake, Virginia -- Region III........68

Parent Training Program. Lynchburg, Virginia -- Region III.........72

Parents and Preschool Partners. Rockford, Illinois -- Region V....114

Preschool and Follow-up Program. Dallas, Texas -- Region VI.......152

Preschool Handicapped Program. Harrogate, Tennessee -- Region IV..107

Program Enrichment Demonstration Through Staff Integration and Development. Chinle, Arizona -- Region IX..........195

Programmed Environments Preschool Family Services Program. Lexington, Kentucky -- Region IV..........91

Reaching Out to Parents of Newly Diagnosed Retarded Children. St. Louis, Missouri -- Region VII..........167

Regional Intervention Program. Nashville, Tennessee -- Region IV..109

Respite Services Community Development Project. Omaha, Nebraska -- Region VII..........182

Resurrection Parents Cooperative School. Alexandria, Virginia -- Region III..........56

Rural Handicapped Children's Early Education Project. Merced, California -- Region IX..........205

Rural Infant Stimulation Environment (RISE). Tuscaloosa, Alabama -- Region IV..........89

Sewall Early Education Development Program. Denver, Colorado -- Region VIII..........185

Short Term Offer of Help To Parents (STOP). Arlington, Virginia -- Region III..........60

Special Classrooms. Lawrence, Kansas -- Region VII..........165

Special Program for Individual Needs. Denver, Colorado -- Region VIII..........187

St. Coletta Infant Stimulation Program. Arlington, Virginia -- Region III..........62

Systematic Training for Effective Parenting (STEP). Circle Pines, Minnesota -- Region V..........121

Technical Assistance to Programs for Preschool Handicapped Children. Seattle, Washington -- Region X....................224

Teaching the Young Handicapped Child. Keyser, West Virginia -- Region III..79

The Community Training Home: A Promising Dimension in Foster Care. Mt. Clemens, Michigan -- Region V..............118

The Home Visitors Kit. New York, New York -- Region II............41

The Infants Program. Morganton, North Carolina -- Region IV........99

The Parent-Infant Program at United Cerebral Palsy. New York, New York -- Region II...............................34

The Pilot Parents Program. Omaha, Nebraska -- Region VII..........177

The Portage Project. Portage, Wisconsin -- Region V..............136

Training for Deinstitutionalization. Winchester, Virginia -- Region III...76

UNISTAPS Project Oriented Noncategorical Program for Severely Handicapped. St. Paul, Minnesota -- Region V................123

Vermont Parent-Child Development Center. Montpelier, Vermont -- Region I...23

Young Children with Special Needs. Columbus, Ohio -- Region V..130

11

PROGRAM CLASSIFICATION

Audio-Visual Devices

Family and Infant Learning Program. (Video Tapes)
Morgantown, West Virginia -- Region III........................85

Mississippi Action for Teaching Children At Home (MATCH)
(Video Tapes, Films) Sanatorium, Mississippi -- Region IV......96

Outreach Project of the Parent Tape Training Program.
Coastal Center Division. Ladson, South Carolina
-- Region IV...105

Systematic Training for Effective Parenting (STEP)
Circle Pines, Minnesota -- Region V............................121

Young Children with Special Needs (Video Tapes)
Columbus, Ohio -- Region V.....................................130

"Do It Yourself" Kits

Guide to the Community. Elwyn, Pennsylvania -- Region III..........54

Play To Grow. Washington, D.C. -- Region III.......................48

Systematic Training for Effective Parenting (STEP)
Circle Pines, Minnesota -- Region V............................121

The Home Visitors Kit. New York, New York -- Region II.............41

Early Intervention

A Model for the Early Education of Handicapped Children and
Their Families. Dept. of Special Education, California
State University. Los Angeles, California -- Region IX.......203

Chittenden South Model Demonstration Child Services Center.
Shelburne, Vermont -- Region I.................................24

Community Nursing and Developmental Program
Georgetown, Delaware -- Region III.............................44

Comprehensive Special Education Program to Prevent or
Reverse Institutionalization. Quincy, Massachusetts
-- Region I..21

Comprehensive Training Program for Infants and Young Cerebral
Palsied Children. Milwaukee, Wisconsin -- Region V...........134

Child Development Program. SEVTC, Chesapeake, Virginia
-- Region III..70

Developmental Education, Birth Through Two. Lubbock
Texas -- Region VI..156

The Infants Program. Morganton, North Carolina -- Region IV........99

The Parent-Infant Program at United Cerebral Palsy, New York, New York -- Region II..............................34

Ethnic Minorities

Academic Vocational Program for Severely Handicapped Navajo Children. Tohatchi, New Mexico -- Region VI.................148

A Model for the Early Education of Handicapped Children and Their Families. Dept. of Special Education, California State University, Los Angeles, California -- Region IX........203

Educational Reform Through Parent Involvement and Special Needs Project. Ramah, New Mexico -- Region VI...............145

Homestart Project. McCloud, Oklahoma -- Region VI.................150

Infant Intervention in a Chicano Barrio. Los Angeles, California -- Region IX.....................................199

Laguna Peublo Special Education Project. Laguna, New Mexico -- Region VI.....................................143

Integrated Model for Handicapped Early Childhood Development (Spanish-American Heritage) New York City, New York -- Region II...39

Preschool and Follow-up Program. Dallas, Texas -- Region VI.......152

Program Enrichment Demonstration Through Staff Integration and Development. Chinle, Arizona -- Region IX...............195

Special Program for Individual Needs. Denver, Colorado -- Region VIII..187

Fathers Programs

Fathers and Infants. University of Washington, Seattle, Washington -- Region X......................................220

Parent Child Home Visitation Project. Frederick, Maryland -- Region III......................................52

Parent Infant Education Program (PIE). Arlington, Virginia -- Region III......................................64

Home-Based Programs

A Home Treatment Program for the Cerebral Palsy Child. University of Washington, CD & MR Center, Seattle, Washington -- Region X.......................................226

A Model Demonstration Project for Home Based Early Education of Handicapped Children, Salt Lake City, Utah -- Region VIII... 192

Early Childhood Parent Education Training Outreach Project. RESA VIII. Martinsburg, West Virginia -- Region III............82

Guide to the Community. Elwyn, Pennsylvania -- Region III...........54

Home Educational Learning Program (HELP). Washington, D.C. -- Region III..50

Home Management Program. East Orange, New Jersey -- Region II.......27

Homestart Project. McCloud, Oklahoma -- Region VI..................150

Infant Special Education Project. San Francisco, California -- Region IX.....................................211

Learning Language at Home (CEC Publication). Reston, Virginia -- Region III...75

Mississippi Action for Teaching Children at Home (MATCH) Sanatorium, Mississippi -- Region IV...........................96

Parent Action in Childhood Education (PACE). Dubuque, Iowa -- Region VII..160

Parent-Child Home Stimulation. Marshalltown, Iowa -- Region VII..163

Parent Infant Education Program (PIE). Arlington, Virginia -- Region III...64

Parent Infant Project. Oakland, California -- Region IX...........207

Play To Grow. Washington, D.C. -- Region III.........................48

Preschool Handicapped Program. Harrogate, Tennessee -- Region IV...107

Project Let's Move Ahead: Washington County Handicapped Children's Program. Harrington, Maine -- Region I.............16

Project PUSH. Keyser, West Virginia -- Region III..................79

Regional Intervention Program. Nashville, Tennessee -- Region IV...109

Short Term Offer of Help to Parents (STOP). Arlington, Virginia -- Region III...60

The Community Training Home: A Dimension in Ofster Care. Macomb-Oakland Regional Center. Mt. Clemens, Michigan -- Region V..118

The Home Visitor's Kit. New York, New York -- Region II............41

The Portage Project. Portage, Wisconsin -- Region V...............136

Vermont Parent-Child Development Center. Montpelier, Vermont -- Region I....................................23

Institution/Regional Center Based

Child Development Program. Southeastern Virginia Training Center for the Mentally Retarded. Chesapeake, Virginia -- Region III..70

Outreach Project of the Parent Tape Training Program. South Carolina Dept. of MR, Coastal Center Division, Ladson, South Carolina -- Region IV...........................105

Parent Training Program. Lynchburg Training School and Hospital. Lynchburg, Virginia -- Region III...................72

The Community Training Home: A Dimension in Foster Care. Macomb-Oakland Regional Center. Mt. Clemens, Michigan -- Region V...118

The Infants Program. Western Carolina Center. Morganton, North Carolina -- Region IV.......................79

National Based Programs

A Nationally Organized Collaborative Project to Provide Comprehensive Services to Atypical Infants. New York, New York -- Region II.................................37

National Child Advocacy Project for Autisitc Children. Washington, D.C. -- Region III................................46

Play To Grow Program. Washington, D.C. -- Region III..............48

Preschool-School Programs

Academic Vocational Program for Severely Handicapped Navajo Children. Tohatchi, New Mexico -- Region VI..................148

Access to Mainstream. Powellville, North Carolina -- Region IV..103

A Model Demonstration Project for Home-Based Early Education of Handicapped Children. Salt Lake City, Utah -- Region VIII... 192

A Total Milieu Approach to Handicapped Infant Education. Commack, New York -- Region II................................30

Career Laboratories Utilizing Experiences. Des Moines, Iowa -- Region VII..159

Child Service Demonstration Center. Hato Rey, Puerto Rico -- Region II..42

Demonstration Training Center for Mentally Retarded Infants of Teenage Mothers. Houston, Texas -- Region VI..............154

Developmental Education, Birth Through Two. Lubbock, Texas -- Region VI..............156

Early Intervention Program. Central Connecticut Regional Center. Meriden, Connecticut -- Region I..............10

Educational Intervention Beginning in Neonatal Care Units. University of Cincinnati, College of Medicine. Cincinnati, Ohio -- Region V..............128

Enrichment Project for Handicapped Children. School of Public Health, University of Hawaii. Honolulu Hawaii -- Region IX..............213

Family and Infant Learning Program. Morgantown, West Virginia -- Region III..............85

Home Management Program. East Orange, New Jersey -- Region II......27

Infant Development Center. South Portland, Maine -- Region I.......17

Infant Education for Multihandicapped Children. University of Virginia. Charlottesville, Virginia -- Region III..............66

Infant Intervention in a Chicano Barrio. Los Angeles, California -- Region IX..............199

Infant-Parent Education Project. Charles W. Drew Postgraduate Medical School. Los Angeles, California -- Rexion IX.........201

Infant Special Education Project. San Francisco, California -- Region IX..............211

Mississippi Action for Teaching Children at Home (MATCH) Sanatorium, Mississippi -- Region IV..............96

Parent Child Home Visitation Project. Frederick, Maryland -- Region III..............52

Parent Infant Education Program (PIE). Arlington, Virginia -- Region III..............64

Parent Infant Project. Oakland, California -- Region IX..........207

Parents and Preschool Partners, Rockford, Illinois -- Region V.....114

Reaching Out to Parents of Newly Diagnosed Retarded Children, SLARC, St. Louis, Missouri -- Region VII..............167

Sewall Early Education Development Program, Denver, Colorado -- Region VIII..............18

St. Coletta Infant Stimulation Program. Arlington, Virginia -- Region III..............62

Programmed Environments Preschool Family Services Program. Lexington, Kentucky -- Region IV....91

Program Enrichment Demonstration Through Staff Integration and Development. Chinle, Arizona -- Region IX....195

Project Let's Move Ahead: Washington County Handicapped Children's Program. Harrington, Maine -- Region I....16

Project Maine Stream Child Development and Family Resource Center. Cumberland, Maine -- Region I....14

Resurrection Parent Cooperative Preschool. Alexandria, Virginia -- Region III....56

Sewall Early Education Development Program. Denver, Colorado -- Region VIII....185

Special Classrooms. University of Kansas, BCR. Lawrence, Kansas -- Region VII....165

Special Program for Individual Needs. Denver, Colorado -- Region VIII....187

Teaching the Young Handicapped Child (PUSH). Keyser, West Virginia -- Region III....79

Technical Assistance to Programs for Preschool Handicapped Children. University of Washington, College of Education. Seattle, Washington -- Region X....224

The Parent-Infant Program at United Cerebral Palsy. New York, New York -- Region II....34

The Portage Project. Portage, Wisconsin -- Region V....136

UNISTAPS Project Oriented Noncategorical Program for Severely, Handicapped. St. Paul, Minnesota -- Region V....123

Rural Areas

Child Advocacy County Agents for Children. George Peabody College J.F.K. Center for Research on Education and Human Development. Nashville, Tennessee -- Region IV....112

Effectiveness of Parents as a Treatment Resource in Rural Areas. Utah State University. Logan, Utah -- Region VIII....184

Family and Infant Learning Program. Morgantown, West Virginia -- Region III....85

Home and School Services for Handicapped Children Ages 0-4. Magnolia, Arizona -- Region IX....197

Multiagency Preschool Program for the Handicapped. Utah State University Exceptional Child Center. Logan, Utah -- Region VIII....190

Chittenden South Model Demonstration Services Center. Shelburne, Vermont -- Region I....24

Early Childhood Education Center. Elsmere, New York -- Region II....32

Early Childhood Parent Education Training Outreach Project RESA VIII Martinsburg, West Virginia -- Region III....82

Educational Reform Through Parent Involvement and Special Needs Project. Ramah, New Mexico -- Region VI....145

Establishment of Services Demonstration Centers for Children with Specific Learning Disabilities. Ball State University Muncie, Indiana -- Region V....116

Handicapped Children's Early Education Program. St. Paul, Minnesota -- Region V....126

Home and School Services for Handicapped Children, Ages 0-4. Magnolia, Arizona -- Region IX....197

Home Educational Learning Program (HELP). Washington, D.C. -- Region III....50

Infant Development Center. South Portland, Maine -- Region I....17

Integrated Model for Handicapped Early Child Development. New York, New York -- Region II....39

Laguna Pueblo Special Education Project. Laguna, New Mexico -- Region VI....143

Multiagency Preschool Program for the Handicapped. Utah State University, Exceptional Child Center, Logan, Utah -- Region VIII....190

North Central Louisiana Model Preschool Program for Handicapped Children. Baton Rouge, Louisiana -- Region VI....141

Outreach Preschool Program, Casa Colina Hospital, Claremont Greduate School, Pomona, Californai -- Region IX....209

Parent Action in Childhood Education (PACE). Dubuque, Iowa -- Region VII....160

Parent-Child Home Stimulation. Marshalltown, Iowa -- Region VII....163

Parents and Preschool Partners. Rockford, Illinois -- Region V....114

Parents as Speech Teachers for Autistic Children. New Brunswick, New Jersey -- Region II....29

Preschool and Follow Up Program. Dallas, TX -- Region VI....152

North Central Louisiana Model Preschool Program for Handicapped Children. Baton Rouge, Louisiana -- Region VI....141

Preschool Handicapped Program. Harrogate, Tennessee -- Region IV....107

Rural Handicapped Children's Early Education Project. Merced, California -- Region IX....205

Rural Infant Stimulation Environment (RISE) University of Alabama, Tuscaloosa, Alabana -- Region IV....89

The Portage Project. Portage, Wisconsin -- Region V....136

Training of Parents

A Parent-Implemented Early Intervention Program for Preschool Children (RIP). Nashville, Tennessee -- Region IV....

Benefits to Down's Syndrome Children Through Training Their Mothers. Welsh National School of Medicine. Cardiff, Wales....229

Parent Education Programs. Center on Human Development, University of Oregon. Eugene, Oregon -- Region X....216

Reaching Out to Parents of Newly Diagnosed Retarded Children. St. Louis ARC, St. Louis, Missouri -- Region VII....167

The Pilot Parents Program. Greater Omaha ARC, Omaha, Nebraska -- Region VII....177

University Based Programs

A Home Treatment Program for the Cerebral Palsy Child. University of Washington, CD & MR Center, Seattle, Washington -- Region X.... 226

A Model for the Early Education of Handicapped Children and Their Families. Dept. of Special Education, California State University. Los Angeles, California -- Region IX....203

Benefits to Down's Syndrome Children Through Training Their Mothers. Welsh National School of Medicine, Cardiff, Wales....229

Child Advocacy County Agents for Children. George Peabody College JFK Institute for Research on Education and Human Development. Nashville, Tennessee -- Region IV.... 112

Early Education for Multihandicapped Institutionalized Children. Kent State University, Kent Ohio -- Region V.... 132

Educational Intervention Beginning in Neonatal Care Units. University of Cincinnati College of Medicine, Cincinnati, Ohio -- Region V....128

Effectiveness of Parents as a Treatment Resource in Rural Areas. Utah State University, Special Education Dept., Logan, Utah -- Region VIII....187

Enrichment Project for Handicapped Children. School of Public Health, University of Hawaii. Honolulu, Hawaii -- Region IX....213

Establishment of Service Demonstration Centers for Children With Specific Learning Disabilities. Ball State University Muncie, Indiana -- Region V....116

Home Educational Learning Program (HELP) Trinity College, Washington, D.C. -- Region III....50

Infant Education for Multihandicapped Children. Department of Pediatrics, University of Virginia, Charlottesville, Virginia -- Region III....66

Infant Parent Education Project. Charles W. Drew Post Graduate Medical School. Los Angeles, California -- Region IX....201

Multiagency Preschool Program for the Handicapped. Exceptional Child Center, Utah State University, Logan, Utah -- Region VIII.... 190

Outreach Preschool Program, Casa Colina Hospital, Claremont Graduate School. Pomona, California -- Region IX....209

Parents as Speech Teachers for Autistic Children. Rutgers, The State University, Douglass College, New Brunswick, New Jersey -- Region II....29

Rural Infant Stimulation Environment (RISE) University of Alabama, Tuscaloosa, Alabama -- Region IV....89

Special Classrooms. Bureau of Child Research, University of Kansas. Lawrence, Kansas -- Region VII.... 187

UNISTAPS Project Oriented Noncategorical Program for Severely Handicapped. University of Minnesota (in conjunction with Minnesota State Dept. of Education). St. Paul, Minnesota -- Region V....123

Introduction

We have witnessed a remarkable change in treatment programs for the mentally retarded and other developmentally disabled persons in the last two decades. Whereas formerly the focus was on treatment activities in the public institution, we have found that too often custodial care alone was provided and that was on a pretty low level. With the awakening of parents in forming (1950) the National Association for Retarded Children (now called Citizens) and the need for professionals to be more sensitive to the needs of parents and the family, we see better programs in the institutions -- but even more important is the role of the community in opening up a range of resources to try to meet the needs of these handicapped individuals and their families.

This change in outlook and concern for the person with a developmental disability came about through a series of events and the emphasis on new terminology which began to shape a different philosophy.

At the 102nd meeting of the American Association on Mental Deficiency in May 1978, the Division of Social work had a panel on "Skills and Techniques in Teaching Counseling and Exploring Family Dynamics"; the Division on Education presented "Parents Evaluate Their Child's Educational Progress"; Psychology had a session on "Current Focus on Families of Retarded Persons"; and two special courses were concerned with "Parent and Family Therapy: Interventions with Families of the Developmentally Disabled" and "Structural Family Therapy and Mental Retardation". In all, over 35 papers on "Parents/Families" and 15 papers on "Early Intervention" stressing need for family cooperation were presented.

Registrants at the 56th Annual International Convention of the Council for Exceptional Children in April 1978, were exposed to such parent-oriented programs as "Utilization of Home Management Contingency Contract Program: Success Programs for Family and Child", "Public School Programming for Autistic Children and their Parents", "Parent/Professional Partnership -- Serving the Needs of the Family", "Involving Every Parent", "Working with Parents", "School Models for Organizing and Training Parents in Child Management Strategies", and many others. These programs auger well for a rapidly advancing trend -- providing the parent(s) a role on the interdisciplinary team.

Late in the last decade, a group of five professional associations came together to work on standards for the residential facilities in the country and eventaully banded together in what is now known as the Accreditation Council for Facilities for the Mentally Retarded -- Developmentally Disabled (ACFMR-DD). The need for standards or criteria for these institutions was long past due, and this then gave rise to consideration for standards in the community programs. At about the same time, N.E. Bank-Mikkelsen of Denmark espoused the principle of "normalization" which states quite simply: "To let the mentally retarded obtain an existence as close to the norm as possible." Since then, Wolf Wolfsensberger has written extensively and lectured on this topic. Burton Blatt has also taken to the pen and in his books (Christmas in Purgatory, Exodus from Pandemonium, and Souls in Extremis) has called attention to the deficiencies in our public posture of treatment for the retarded in both residential and community programs.

In the national domain, a number of Public Laws were enacted which gave further impetus to a more humane type of approach to the problem: President John Kennedy's landmark legislation in 1963 opened the door for hospital improvement projects which began the shift from an institutional to a community-oriented basis for programs. President Johnson's "Great Society" impetus and his broad scale attack on inadequate education through the "Elementary and Secondary Education Act of 1965" made possible additional gains in bringing education to the handicapped closer to home.

Late in 1968, the International League of Societies for the Mentally Handicapped passed the Declaration of General and Special Rights of the Mentally Retarded. Its Article IV states: "The Mentally Retarded has a right to live with his own family or with foster parents; to participate in all aspects of community life; and to be provided with appropriate leisure time activities..."

In this current decade, spilling over from the previous one, the judicial system became actively involved in proclaiming for the developmentally disabled a number of important "rights." These include the:

Right to equal educational opportunity
Right to be free from inappropriate educational classification, labeling and placement,
Right to community services and the right to treatment in the least restrictive environment,
Right to be free from peonage and involuntary servitude,
Right to be free from restrictive zoning ordinances,
Right to free access to buildings and transportation systems,
Right to procreate, and the
Right to equal access to adequate medical services.

This broad scale "back to basics and the community programs" had its beginning in the famous Wyatt v. Stickney case in Alabama on adequate habilitation for the mentally retarded, followed by the right to education case in Pennsylvania, when the parents (PARC) sued the state for proper educational/training opportunities, and in the District of Columbia in the Mills v. Board of Education suit where "the concept of equal educational opportunity must be applied in the public education system" was enunciated.

The Rehabilitation Act of 1973 (PL 93-112) and the Education for All Handicapped Children Act (PL 94-142) opened new doors for programs and services in the community once believed impossible. The Individualized Educational Plan (IEP) and the concept of mainstreaming made possible the important role parents can play in the development of their handicapped child and the proper utilization of community resources.

Other legislation, particularly the amendments to the Developmental Disabilities Assistance and Bill of Righrs Act (PL 94-103), made provision for consumer groups to sit on state Developmentally Disability Councils and thus have a voice in the decisions as to the kinds of programs which would best meet the needs of the individuals handicapped by a disability. This law also mandated that each person have an individual habilitation plan in writing, approved by the parents, and reviewed annually.

Many states encouraged by the swift movement on the federal and judicial levels and augmented by the work of the national professional associations have moved to regional programs. reduced their institutional populations and improved their residential programs, and now focus more on the community-oriented activities for the handicapped person.

Our philosophy of working with the person handicapped by mental retardation or another developmental disability has changed considerably in the last two decades. From concern with the type of institution and need to upgrade its programs and reduce the staff-population ratio, we have moved to the concept of the regional center with its residential/ community aspects, and now to the need to explore the community to determine what activities it can supply for the handicapped individual as close to home as possible and within the "least restrictive environment."

A further refinement of this process is in order: The role of the parents and the family as the therapist, the teacher, the recreator, and the manager. Gerald Provencal, Director of Programs at the Macomb-Oakland Regional Center states: "The parent, whether natural or surrogate, must be prepared emotionally, intellectually, and behaviorally to accept the client where the client is." He continues by saying that successful adjustment in the community is dependent more "upon the degree to which the parent is prepared, than the client is readied."

Today we see the beginnings of the emergence of the family taking part in the treatment program of the member who is handicapped. The University Affiliated Facilities (UAFs) across the country have long provided individual and group counseling sessions for the mothers and/or parents of the handicapped, and in many facilities, infant stimulation programs with mothers as observers, then stimulators, have been established. In at least one UAF, (Boston Children's Hospital) a program was started for the siblings of children with Down's Syndrome. The National Association for Retarded Citizens which encouraged the formation of a Youth for Retarded Citizens (YARC) numbering many, but not all, siblings of the person with mental retardation.

In Washington, Sam Delany has established classes for fathers and their infants in the Seattle area. One is at Seattle Central Community College and the other is at the Model Pre-School Center for Handicapped Children, a part of the Child Development and Mental Retardation Center at the University of Washington. He reports that there is a waiting list and absenteeism is very low. When a child is ill and cannot attend, fathers come without their child. Additional classes are being replicated in other community colleges.

Parents sit on policy-making and advisory committees at many of the state institutions and are otherwise involved in the life of the facility as committee members in budgeting, rights, programming, volunteers, etc. As mentioned earlier, they are present and have a voice in their state Developmental Disability Council, which has cognizance over most of the programs for the developmentally disabled.

The importance of the role of the parent is gradually becoming evident. Maynard Reynolds writing in the Spring 1978 edition of Teaching Exceptional Children (page 62) states: "Few of us have seriously considered the fundamentals of this matter of working more closely with parents. It is a dynamic topic, begging for careful attention." In the same publication Vilma Falck (page 77) advises: "Since parents are the most important change agents in any child's life, excluding them wastes valuable and necessary resources"; Roger Kroth (page 88) concludes his article on "Parents -- Powerful and Necessary Allies" by describing them as the most important and significant of activities educators can engage in.

Reinforcement of these concepts comes from Dr. Dennis Whitehouse, who, in one of the "Awareness Papers" for the 1977 White House Conference on Handicapped Individuals (page 58), declares: "It must be recognized that parents are experts in their own right, and are closest to the child. A parent may be the first to recognize a handicapping condition in a developing child. Too often a parent does recognize a difference in a child, only to receive unwarranted reassurance from a professional such as, 'He will grow out of it.' Parents are an integral part of the early diagnostic team, and also part of the early intervention team."

Surveying the field for the literature brought the staff of this project into a number of publications and computerized lists. Of the sources explored, word of mouth and personal contact were most productive. "Have you heard about the program at ____?" usually resulted in a telephone call, followed by a visit, when possible, and then the information desired. Frequently, our conversations brought forth other similar programs which led to further information and a sharing of what is going on in other parts of the country. Few publications had as much to offer, and only one computer printed out some quality (and quantity) information.

The programs presented in this publication range from the avoidance of residential care, through an active parent-staff intervention activity, to the outreach by staff into the home of the child where the parent has been trained to carry out a number of training activities, to the program in which the parents themselves do most of the work after having been trained to teach other parents how to manage train and supervise their handcaipped children. A few of the programs have catchy names, acronymns, which make it easier to remember such as 'MATCH," "STOP," "RIP," "PACE," "BAMS," PUSH," "PIE," etc.

The great majority of the programs explored focused on the mother as the major figure in the family to attend the training programs and provide the home intervention. In a few cases, the fathers attended, and in some the mother was training the fathers and siblings at home to help her with the management of the child with the handicap. In one state, we found a program for foster parents, who were paid to carry on specialized training, and in another state, we came across a weekly class just for fathers and their infants. It was encouraging to learn that several states had programs which reached out to families in removed rural areas where staff make regular visits to work with the parents of a child with a developmental disability. The use of video-tape as an effective tool for training parents in remote areas is duly noted.

It is emphasized that this compilation does not cover all the parent training programs in the country. Within a short space of time and with limited resources we tried to obtain as much information as possible on this topic. Undoubtedly, there are many fine programs which have not come to the attention of the staff and, as the opportunity presents, we hope to be able to incorporate these into a future edition of this publication.

John J. Noone
Consultant
Special Education and Rehabilitation Systems
Washington, D.C.

August 1979.

REGION I

Connecticut - 2

Maine - 3

Massachusetts - 1

Vermont - 2

Early Intervention Programs: 1) Early Intervention Program-Home Based
2) Babies and Mothers Program (BAM)

Central Connecticut Regional Center
Undercliff Road, Box 853
Meridan, Connecticut 06450

CONTACT PERSON: Michael R. Dillon, Ed.D., Superintendent

TARGET POPULATION: Newborn infants who are mentally retarded and their mothers.

PURPOSE: To evaluate the development of special children and design and implement services and activities which address delays and strengths.

To train parents to use these activities.

To maximize the development of delayed children through early services for their individualized needs.

To provide early support and education for parents resulting in an easier adjustment to the needs of the handicapped child and an acceptance of him as a member of the family.

To make possible an initial contact with the mother of the newborn handicapped child which paves the way for family and child involvement with the Regional Center and other community agencies which may offer services.

EXPECTED RESULTS: Families which receive immediate support from the community are better able to deal with feelings of isolation, grief and despair.

STAFF REQUIRED: Program 1) Nurse-developmentalist, Social Worker
Program 2) Speech Clinician, Physical Therapist

SERVICE DELIVERY: Program 1) Early Intervention begins with counseling of the parents of the newborn upon referral of the hospital staff or family pediatrician. Frequently this is done while the mother and child are still in the hospital. The primary focus is the parent and his/her adjustment to the diagnosis and prognosis for the child. The nurse-developmentalist offers personal support and information regarding the alternatives for future interventions, which are decided upon jointly by the family and the nurse. Often, a social worker is assigned to the family and joins the nurse in an effort to facilitate service delivery. The Center's "Client Evaluation and Review Team" (CERT) with interdepartmental representation is an additional resource for the nurse/social worker in the determination of services.

A comprehensive evaluation involving the physician, social worker and nurse developmentalist to assess problems is completed. Information is provided concerning all facets of the child's development, with training in specific skills and significant learning experiences to insure maximum physical and social growth potential.

Home training, scheduled on an individual basis, incorporates the following developmental areas:

Infant Stimulation - designed to elicit appropriate responses.

Language - establishing an environment as well as methods to produce learning.

Self-Help - behaviors which enable the child to care for himself.

Cognitive - beginning awareness of self and the immediate environment.

Motor - coordinated movements of large and small muscles.

The nurse continues a period of in-home contacts with the family, regarding additional services, based upon the needs of the child and the desires of the parents. This may include participation in parent discussion groups, evaluations in the areas of physical therapy, speech and hearing, and cognitive social adjustment, and at some later point, the child's participation in an agency-based educational program. Throughout this period, the nurse-developmentalist continues to be involved on the CERT team.

Program 2) Babies and Mothers (BAM) program is conducted by the Center and the New Horizons School and provides information on pre-speech and motor exercises which would be helpful to implement at home. The service is provided to children who are too young to enter a more formal program.

A speech clinician and physical therapist meet with the mothers and babies each Friday morning for 1.5 hours.

The children's ages range from 13 months through 2 years. The children and their mothers are divided into groups of two; each group spending one-half hour with the language clinician. The last half hour is spent in an informal discussion with the entire group. Each child's program is individualized to meet his specific needs, and home-bound meetings are arranged in response to the requests of parents. In the summer, when the New Horizons school is not in session, BAM functions in the homes with the physical therapist and speech clinician making regular home visits. Staff want to get more fathers involved in the program, and there is the possibility of rearranging the hours, so that this may be a possibility. The programs use: To Give An Edge, Horrobin & Rynder; Portage Guide to Early Education; Denver Developmental Screening Test and Reflex Maturation Chart.

MATERIALS COSTS: All materials are provided free of charge to the families.

AGENCIES INVOLVED: Central Connecticut Regional Center, New Horizons School.

COMMENTS: An effort is underway to get fathers more involved through a rearrangement of the hours. This program can be replicated.

Project Maine Stream Child Development and Family Resources Center

School Administrative District #51
Main Street
Cumberland, Maine 04021
207/829-5557

CONTACT PERSON: Director

AREA SERVED: Schools in district.

TARGET POPULATION: Children, 3-8 years old who are mentally retarded, have social-emotional impairments, speech and learning disabilities and crippled children.

PURPOSE: To make it possible for handicapped children to function successfully in the educational mainstream.

To provide in-service training for early childhood personnel.

To disseminate materials and provide for continuation through an advisory council.

STAFF: Special educators

SERVICE DELIVERY: The project identifies preschoolers and parents and provides an educational program for early intervention. Children screened and those who are handicapped participate in a therapeutic prescriptive program. The project serves on a consulting tutoring basis, Head Start, and local nursery schools.

A follow-through program is planned for the children promoted to regular schools. Teachers from other communities and university students are also trained.

This year the program is adding a summer day camp for handicapped and non-handicapped children. The staff is also developing pupil checklists, profile charts, and a plan for recording progress, including pre- and post-testing for use in evaluation.

MATERIALS/COSTS: Materials are provided by the center. The project is funded by the school district.

AGENCIES INVOLVED: Faculty from other schools and university students.

COMMENTS: Given the support of funding, staff and cooperation, this program could easily be replicated.

"Project Let's Move Ahead: Washington County Handicapped Children's Program"

School Administrative District #37
Old Post Office Building
Harrington, Maine 04643
(207) 255-3426

CONTACT PERSON: Jane Weil

AREA SERVED: Washington County

TARGET POPULATION: Ages 0-8, who are most severely handicapped.

PURPOSE: To enable the handicapped child to enter school and society with the skills necessary for success.

To enlist parents or other family members as primary facilitators of the curriculum.

SERVICE DELIVERY: This is a home-based program serving handicapped children, for whom a highly individualized curriculum is developed. Preference is given to the younger handicapped children aged 0-3 years who are severely handicapped. The curriculum, designed for home implementation, includes various types of stimuli -- auditory, tactile and visual -- which are introduced to the parents of infants. Home visitors encourage parents to let their children "do for themselves". As the child reaches age 2 1/2 to 3 years, it is determined whether or not a preschool program is appropriate. If so, the home visitor aids the parents in finding an appropriate school.

COST/MATERIALS: No cost to parents is indicated.

Infant Development Center
629 Westbrook Street
South Portland, Maine 04106
(207) 773-2938

CONTACT PERSON: Mrs. Margaret Brun, Director

AREA SERVED: Southern Maine

TARGET POPULATION: Infants and children 5 years old or under with developmental delay or the potential of a developmental delay.

PURPOSES: To provide early intervention services for infants and pre-school children who have been identified as developmentally impaired or at risk for potential developmental problems.

To provide parents help, support, information and involvement in the provision of services to their child.

To link the needs of families living in rural areas with the resources of the urban community.

STAFF: Director of the program is an RN and has a BS; social worker; child development program coordinator; 4 child development workers; physical therapist, RPT; occupational therapist, OTR: speech therapist; special education coordinator; a teacher's aide; 2 foster grandparents; 2 secretaries; a teacher and a Ph.D. psychologist participate regularly in developmental assessments; 4 work-study students from the University of Southern Maine; and 2 students from a social welfare program.

SERVICE DELIVERY: Following referral to the Center, a staff member visits the home to make an initial assessment and arrange for a developmental screening either at home or at the Center. Parents are responsible for obtaining medical diagnostic information, which, together with the data from the screenings are used in the total evaluation, at which time a primary person is assigned to coordinate the program established to meet the needs of the individual. For a more comprehensive program evaluation, the disciplines of the physical therapist, occupational therapist, educator, psychologist, and speech and hearing therapists are brought to bear, and with the approval of the parents a program is designed and implemented.

Depending upon the needs of the infant/child and family, one or both of the following programs will be used: a) home management programs: periodic visits by staff to the home to help the family manage the child's program; b) developmental classes at the Center for socialization and pre-school skill development. Programs are based on patterns of normal child growth and development, conducted by trained staff or professionals in specialized fields. These include: infant stimulation, feeding, toiletting and dressing training, language stimulation, physical therapy, occupational therapy, and developmental classes.

Reevaluations of the infant/child are conducted whenever staff feel this is necessary, usually at six-month intervals. Additional services offered include: a) preparation of the child for pre-school and school; program assistance to the teacher during the adjustment period; b) consultation with other agencies, day care centers, etc.; c) babysitting services from 10 a.m. to 4 p.m. Monday through Friday at the Infant Development Center; d) participation in the parent group, if desired.

MATERIALS/COSTS: No special equipment except for physical disabilities. There is no fee for parents. Funds for the program come from the State Department of Mental Health and Corrections and a Federal Developmental Disabilities grant.

AGENCIES INVOLVED: The Pineland Center, school departments, Project Maine Stream, the Cerebral Palsy Center, The Mental Retardation Regional Administrator, other community health and social agencies.

COMMENTS: In a 20-month period this Center has served over 220 children having a wide range of developmental disabilities. Most of the referrals come from parents or relatives, physicians, day care centers, nurses, child development workers and human services workers. Developmental classes at the Center run for 6 hours a week, while the staff spend at least 4 days a week in home visiting. Home management averages 1 home visit per week per family.

An active Advisory Board meets monthly to provide guidance direction and help. The Parent Group is also very active and supportive, especially in refurbishing the Center's physical appearance. Volunteers have given almost 1,000 hours of work during the last year.

This is an impressive program meeting local needs of the developmentally disabled and their families. With support from state and local agencies and groups, such a program could easily be replicated, linking the rural and the urban communities.

Comprehensive Special Education Program to Prevent or Reverse Institutionalization.

Cerebral Palsy of South Shore Area Inc.
105 Adams Street
Quincy, Massachusetts 02169
(617) 479-7443

CONTACT PERSON: Joseph Bleiberg

AREA SERVED: Quincy and South Shore area of Massachusetts

TARGET POPULATION: Children, 0-8 years old, with severe multihandicaps by stable neurological impairments of any etiology.

PURPOSE: To develop intensive early childhood intervention procedures that effectively prevent or reverse institutionalization.

To discover and precisely articulate and describe the kinds of secondary impairments that dispose a child towards institutionalization in cases where the child's primary impairments do not require this type of care.

To use the above information as the basis upon which to design early childhood interventions which prevent or reverse those secondary impairments which have been found to place a child in high-risk of institutionalization.

STAFF: Special educators.

SERVICE DELIVERY: The research phase of the first year's activities involves at least 30 high-risk and 30 low-risk families. The pilot phase of the first year provides direct services to eight children and their families. In each of the two operational years, approximately 30 children and their families per year receive services. The success of the program is measured in terms of the degree to which the probability of institutionalization is reduced, given the severity of a child's physical impairment. The services offered include day care, parents' counseling, parent training, parent groups and crisis and emergency care.

MATERIALS/COSTS: Materials are provided by the project at no charge to parents.

AGENCIES INVOLVED: Community educational, social and medical agencies.

COMMENTS: Given support, this program could be replicated.

Vermont Parent/Child Development Center

Department of Education
Special Education Department
120 State Street
Montpelier, Vermont 05602
(802) 828-3141

CONTACT PERSON: Arthur Schubert

AREA SERVED: State of Vermont

TARGET POPULATION: Children, 0-3 years old, with multiple handicaps.

PURPOSE: To identify multiply handicapped children.

To train parents and provide on-going home-based assistance for the parents and the child.

EXPECTED RESULTS: To offer services to children from every geographic area of the state.

STAFF: Persons knowledgeable in special education.

SERVICE DELIVERY: The project design encompasses several components of existing service which, when coordinated into the design, provide a most unique delivery system for a rural state. This is being accomplished by having mothers of handicapped children attend a week-long intensive training program. During this session, the parent is exposed to training which includes genetic counseling, child development, child management, and behavior modification. The intitial sample includes 36 children.

MATERIALS/COSTS: Necessary materials are provided at no charge to parents.

AGENCIES INVOLVED: Unknown

COMMENTS: Program is replicable.

Chittenden South Model Demonstration Child Services Center

Chittenden South Supervisory School District
P.O. Box 127
Shelburne, Vermont 05482
(802) 985-3356

CONTACT PERSON: Joseph Loretan

AREA SERVED: Chittenden South Supervisory School District

TARGET POPULATION: Elementary school children who are learning disabled, neurologically impaired, mildly mentally retarded, and emotionally disturbed.

PURPOSE: To demonstrate a model for early identification, diagnosis, intervention and evaluation for handicapped learners.

EXPECTED RESULTS: To have this program serve as a replicable model for Vermont's school districts.

SERVICE DELIVERY: The major outcomes of the Child Service Demonstration Center include: 1) Specification of K-8th grade objective-based measurement systems for early identification of children eligible for special education, classroom diagnosis of precise entry level skills, and evaluation of the effects of intervention procedures; 2) Development (through in-service training of educational personnel) of prescriptive teaching/learning procedures to service preschool through 8th grade children whose rates fall below the minimum rate required to achieve the essential skills; and 3) the establishment of a dissemination personnel to view and replicate all components of the model.

The preschool paraprofessional provides services for children aged 3-4 with learning difficulties. Tests are administered to evaluate the children.

MATERIALS/COSTS: No cost to parents.

COMMENTS: It is hoped that 100% of all eligible preschool children are served. All of the educational staff, including principals and school board members, receive training. Parents of preschool children also receive training. The school district is a mixture of socioeconomic areas with some of the residents at poverty-level incomes.

REGION II

New Jersey - 2

New York - 6

Puerto Rico - 1

Home Management Program

New Jersey Association for Retarded Citizens, Inc.
62 North Walnut Street
East Orange, New Jersey 07017
(201) 676-8070

CONTACT PERSON: Director of Infant Services

AREA SERVED: Catchment area of the Essex Unit, NJ-ARC

TARGET POPULATION: Infants or children diagnosed as having a developmental disability.

PURPOSE: To provide early identification of a developmental disability to creat an opportunity to provide early intervention stimulus and advancement that are of utmost value to the child and the parent.

STAFF REQUIRED: A program director who supervises the activities of home care workers. An interdisciplinary team consisting of an early educational specialist, special education specialist, speech and physical therapists, occupational therapist and M.D. Consultants in social work and psychology as needed. Pediatrician for monthly consultations.

SERVICE DELIVERY: Emphasis is placed on the identification of the child who resides in a low economic neighborhood and whose parents are homebound by geography or economy or who reside in an isolated area where transportation is a preventive factor. The Home Care Worker visits the home to help the parents understand the needs of the particular child and acquaint the parents with a variety of special services available to them.

The Home Care Worker helps the child and trains the parent to understand the problems surrounding self-help skills, gross motor activity and educational stimulation. Weekly reports and evaluations are brought to the team for discussion and planning a prescriptive approach. When progress is sufficient and rapport is achieved, the Home Care Worker withdraws from the case.

MATERIALS/COSTS: Items for use by the parents are found in the home. Forms, brochures, audio-visual materials, etc. are provided by the program. There is no charge to parents.

AGENCIES INVOLVED: DD Council, CC Program, ARC. Received DD funds to operate.

COMMENTS: All family members are encouraged to become involved. The program has been running successfully for six years. It can be replicated.

"Parents as Speech Teachers for Autistic Children"

Rutgers -- The State University
Douglass College -- Department of Psychology
New Brunswick, New Jersey 08903
(201) 932-2187

CONTACT PERSON: Sandra L. Harris

AREA SERVED: New Brunswick, New Jersey

TARGET POPULATION: Autistic children aged 2 1/2 to 4 years.

PURPOSE: To determine the feasibility and effectiveness of teaching general principles of behavior modification to parents of non-verbal autistic children.

SERVICE DELIVERY: The techniques for training parents to teach speech to their own autistic children are studied. The measures of behavioral change focus upon periodic home and laboratory observation of speech and behavior.

Home vs. laboratory-based training, group vs. individual family training, and focused training in speech skills, plus training in broad behavior modification skills vs. speech training only are evaluated.

Systematic follow-up at 3, 6 and 12 months occurs in all studies so that portions of some studies are in progress while new studies are initiated.

MATERIALS/COSTS: Provided by project at no cost to parents.

"A Total Milieu Approach to Handicapped Infant Education"

United Cerebral Palsy Association of New York State
Suffolk County Committee
159 Indian Head Road
Commack, New York 11725
(516) 543-2200

CONTACT PERSON: Mr. Ted Bader

TARGET POPULATION: Infants, 0 to 2½ years old. Disabilities: Trainable mentally retarded, crippled, visually handicapped, deaf and hard of hearing. High risk infants in any handicapping category.

PURPOSE: To identify and evaluate infants with known or suspected handicapping conditions and to improve the infant's ability to function in motor, social, cognitive, language and self-help areas.

EXPECTED RESULTS: To prevent and/or ameliorate later disabilities.

SERVICE DELIVERY: A model intake procedure is being developed to minimize anxiety for all families with emphasis on minority and low-income families. A curriculum is being designed for each child based on his developmental level for implementation by the mother.

Staff on-going psycho-social support for the family is built into the project.

The project also serves parents, siblings and the extended family. A referral service aids parents in obtaining other aid such as community mental health or nursery school programs for older children.

An in-service training program trains teachers in curriculum planning and involvement with parents and provides an interdisciplinary approach to the education of the handicapped child.

MATERIALS/COSTS: Materials are being disseminated to agencies for the study of infants and handicapped children including audio-visual presentation of exemplary programs to community organizations, conferences, parent groups and interested professionals.

AGENCIES INVOLVED: Community mental health, social and educational agencies.

COMMENTS: Assessment checklists and questionnaires are being developed and field-tested. Nursery school experience is provided for infants 2½ to 3 years old. Community education is increased. Parental attitudes are assessed.

Early Childhood Education Center

O.D. Heck Developmental Center
159 Delaware Avenue
Elsmere, New York
(518) 439-7661

CONTACT PERSON: Bobbi Kamil

AREA SERVED: South Albany County, New York

TARGET POPULATION: Children aged 0-5 who are retarded, have physical or sensory handicaps or with severe multihandicaps.

PURPOSE: To provide comprehensive services to the children and their families.

To help parents teach their own children, via parenting and child rearing skills.

To train staff.

EXPECTED RESULTS: The aim of the program is to integrate the young handicapped child into the mainstream of public education.

STAFF: A multidisciplinary staff is employed by the Center.

SERVICE DELIVERY: Children who are referred to the Center include those who are handicapped as well as those who are not handicapped. Priority is given to siblings of enrolled handicapped children. Comprehensive services are provided at the Center for children 3-5 including a referral learning curriculum. Younger children aged 0-2 receive home programming and two home visits before beginning regular visits to the Center. Extensive dissemination activities accompany program implementation.

Instruments used to evaluate children and families include:

Bzovh-League Receptive-Expressive Emergent Language Scale, Piagetian Ordinal Infant Scales, Bayley Scales of Infant Development, Gesell Developmental Test and Gough's Home Index Inventory.

MATERIALS/COSTS: Necessary materials are provided by the Center. The cost to parents is not available.

AGENCIES INVOLVED: Community, social, educational and health agencies.

COMMENTS: The Early Childhood Education Center demonstrates how an agency consolidates and utilizes community resources and acts as a clearinghouse for dissemination and management counseling and referral services. The program can be replicated.

The Parent-Infant Program at United Cerebral Palsy

United Cerebral Palsy of New York City, Inc.
122 East 23rd Street
New York, New York 10010

CONTACT PERSON: Mrs. Berta Rafael

AREA SERVED: New York City

TARGET POPULATION: High risk or neurologically impaired infants, 3 months to 2-years-old.

PURPOSE: To provide the earliest possible educational services for those infants who are diagnosed as or suspected of having atypical development and the families of these infants.

To intervene early in order to achieve success in developing the child's maximal functioning; to assist the parents in acquiring information about the condition for a better understanding of the handicap; and, to help the parents become skilled in the management of their child through guidance.

To give parents sufficient support to help them cope with the feelings accompanying the fact that they have an impaired child.

EXPECTED RESULTS: The program provides more guidelines, education, information and training so that parents will be more understanding and accepting of the child as well as their own needs. Helping their own child will also provide a degree of relief and hope.

STAFF: An early childhood teacher, a physical therapist, a speech therapist who is also an expert in feeding techniques, an occupational therapist, a psychologist, a social worker, a director of early education, and a medical consultant, who is available when needed.

SERVICE DELIVERY: Based on medical referrals, a careful assessment of the child's strengths and weaknesses is made by the team members in the presence of the parents, who must be willing to attend the program once or twice a week with their infant.

An organized, appropriate, yet flexible program is established for each infant, dependent on the developmental status at the time of assessment. Objectives are set and strategies form the curriculum for each child, based on fine task analysis so that success can easily be obtained.

When one set of objectives has been reached, a new one is developed or a review is made to determine the cause(s) of failure.

Parents are guided at the Center in the management and education of the infant and carry this learning into their home environment. Home visits are made according to the education and knowledge of the family and its needs by one or two of the team members who help parents with feeding, dressing, bathing and toiletting of the infant. They may make suggestions regarding toys, transportation, or position of the child for participation in family activities. The home visit is also designed to assist parents in budgeting their time between the care of the handicapped infant and the needs of the rest of the family.

MATERIALS/COSTS: Items used are usually found in the home. There is no charge to the family. Medicaid pays $30.00 per half hour visit for each client.

COMMENTS: In the Infant Program parents are included in all program aspects. For some children, respiration and relaxation techniques are added.

A Nationally Organized Collaborative Project to Provide Comprehensive Services for Atypical Infants

United Cerebral Palsy Associations, Inc.
Professional Services Program Department
66 East 34th Street
New York, New York 10016
(212) 889-6655 ext. 60

CONTACT PERSON: Una Haynes

AREA SERVED: Nationwide

TARGET POPULATION: Infants under 3 who are trainable and educable mentally retarded, deaf, blind, hard of hearing, visually handicapped, seriously emotionally disturbed, speech impaired, crippled, and have other health impairments.

PURPOSE: To provide comprehensive services to meet the cognitive, psychosocial, and medically related needs of these atypical infants.

To implement the transdisciplinary approach to reduce excessive or inconsistent handling of the very young infants.

To mobilize the parents as primary teachers of their babies.

SERVICE DELIVERY: Models of staff development and parameters of consultative and technical assistance services have been developed and field tested. Twelve models of service delivery systems have been identified, and with the help of consultants agencies can be helped to study and evaluate needs and to implement the model or models best suited to the local situation. Agencies are also aided in the areas of project training, technical assistance and products. Instruments have also been developed to identify special agency needs.

The project aims at strengthening consortium centers so they can survive and grow when extensive project support is no longer available; continuing "outreach" to 10 new centers; reaching educational centers, training sites, and those in Head Start, preschool, and elementary school programs in need of assistance; carrying out continued evaluation of the project; and developing and refining materials to be made available to participating centers and used as dissemination tools.

MATERIALS/COSTS: Necessary materials are provided by the project. There is no information as to the cost for parents.

"Integrated Model for Handicapped Early Childhood Development"

City School District of New York City
Community School District 9
1377 Jerome Avenue
New York, New York 10452
(212) 681-5000

CONTACT PERSON: Miriam Sour

AREA SERVED: Bronx, New York

TARGET POPULATION: Children, 4-5 years old with developmental lags in speech, social adjustment, emotional adjustment, gross and fine motor coordination, and those who are educable mentally retarded or have mild neurological impairments.

PURPOSE: To enable young handicapped children of predominately Spanish-American heritage to overcome their handicaps and attain their highest potential functioning level.
To help parents to become more effect.
To train staff to work with these children.

SERVICE DELIVERY: The program of services includes: 1) Integrating 20 disadvantaged handicapped children into four regular preschool classroom settings in a specially designed early childhood center in the Bronx, serving a predominately Spanish-American population; 2) Following these children for a 3-year period; 3) Encouraging parent participation and assisting parents in functioning more effectively in their parental role; and 4) Developing and utilizing a model demonstration project within an established early childhood center. Diagnosis, individual and group instruction, and remediation in the curriculum, using bilingual content are provided. Parents receive a pre-service orientation to introduce them to their role in the program. Continuing in-service training is provided to staff. A multi-item five-point rating scale to evalute the children (being revised) is administered quarterly. Pre- and post-testing is administered to all children.

MATERIALS/COST: None indicated.

The Home Visitor's Kit

Gotts, Edward E. Ph.D.

ORDER FROM: Human Sciences Press
72 Fifth Avenue
New York, New York

TARGET POPULATION: Serves families with children from birth through about eight years of age who have homebound disabilities.

PURPOSE: Training and practitioner materials for paraprofessionals in family settings.

To develop in prospective family workers the entry level skills, knowledge and orientations essential to functioning in home-based programs.

STAFF: Child Development persons, trained profesionally.

MATERIALS/COSTS: The kit includes all printed materials and experiences necessary for an initial 2-week intensive training session. It contains:

1 Home Visitors Notebook	$14.95
Parents' Notebook	3.95
Home Visitor's Resource Materials	15.95
	$19.95

COMMENTS: Educational health and social agencies may want to explore this program for use with staff.

Competent parents and siblings may use the kit with person with the disability.

Child Service Demonstration Center

Puerto Rico Department of Education
Hato Rey
Puerto Rico 00919

CONTACT PERSON: Ligia Valentino

AREA SERVED: Puerto Rico

TARGET POPULATION: Ages 5-9 with specific learning disabilities.

PURPOSE: To identify children with specific learning disabilities. To provide parent education and training.

SERVICE DELIVERY: The program identifies all children with specific learning disabilities in grades K-2 and provides the type of instruction for each child that enables him or her to achieve at grade level in the regular class, appropriate to chronological age within 2 years after identification. It refines and validates a pattern of early identification and educational service to learning disabled children aged 5-9 years. Early intervention programs undergo expansion. Groups are established for the purpose of parent education, including a home training program conducted by parents for children. In-service training is provided for staff. A standardized screening instrument implementation guide book, a parent's manual and Spanish translation of these are developed.

MATERIALS/COSTS: Necessary materials are provided by the program at no indicated cost.

COMMENTS: In 1976, 2700 children were served. A number of tests and instruments are used to assess the performance of the children. The program can be replicated.

REGION III

Delaware - 1
District of Columbia - 3
Maryland - 1
Pennsylvania - 1
Virginia - 10
West Virginia - 3

Community Nursing and Developmental Program

Marianne Smith, R.M.
Community Nurse
Hospital for the Mentally Retarded
Route 1, Box 1000
Georgetown, Delaware 19947
934-9231 ext. 9 or 90

Helen Smiddy, R.M.
Coordinator
Biggs Building
Delaware State Hospital
New Castle, Delaware 19720
421-6293 or 421-6294

AREA SERVED: All three counties covering the entire State of Delaware.

TARGET POPULATION: All ages. Infants and children whose history places them at risk for developmental delays. Children and adults who are developmentally delayed.

PURPOSE: To prevent or to minimize developmental delays by early intervention with families whose children are at developmental risk.

To assist families in helping their developmentally delayed members to achieve their optimum social, emotional, and developmental potential.

To help parents recognize that they themselves are the primary teachers and advocates for their children.

EXPECTED RESULTS: An on-going home program which provides the high risk infant and/or child with appropriate stimulation activities based on periodic developmental assessment.

Home-based behavioral and self-help programs for individuals with documented developmental delays, including general support to their families. Guidance to families in anticipating the individual's behavioral stages and unfolding developmental capabilities. When indicated, referral of client and/or families to other appropriate community resources.

Consultation service to community agencies. Respite programs.

STAFF REQUIRED: Professional nurses and child development specialists with expertise in: Infant stimulation, child health care, child development, behavioral redirection and family education.

SERVICE DELIVERY: Direct home care, weekly parent-child groups.

MATERIALS/COSTS: No materials needed. Respite fee -- no charge for other services.

AGENCIES INVOLVED: All state and private agencies within Delaware.

COMMENTS: Verbal feedback received from parents and other private and state agencies. Program can be replicated.

National Child Advocacy Project for Autistic Children

National Society for Autistic Children
1234 Massachusetts Avenue, NW
Washington, D.C. 20005
(202) 783-0125

CONTACT PERSON:	Frank Warren
AREA SERVED:	Nationwide
TARGET POPULATION:	Autistic children
PURPOSE:	To serve as a clearinghouse for information relating to autism for parents and professionals throughout the country. To suggest various alternatives to care for parents in the advocacy part of the project. To gather information from a number of sources and organize it into categories for dissemination to a variety of consumers.
SERVICE DELIVERY:	The National Society for Autistic Children (NSAC) is an organization of parents, professionals, and other interested citizens concerned with legislation, education, and research on childhood mental illness. National and chapter newsletters serve as information media regarding behavior management techniques, research, legislation, schools, camps, and recreational services. The National Advocacy Project was funded to expand and refine its existing information base, broaden its dissemination, collect first generation data, refine tabulation systems, and undertake intensive communciation and follow

through with those requesting services. These are parents who do not know where to turn to seek help for their autistic children. The project may also suggest legal action.

Information gleaned from many sources and organized may be sent to: universities and colleges offering training in treating autistic children; public schools which accept these children; residential schools; names of parents in a geographic area; new state education laws; contacts and facilities in other countries; and a listing of films dealing with these children.

Follow through on individual cases has sometimes served to point out to city agencies a lack of facilities in a particular city.

The project seeks to develop an employment exchange and a list of key groups who may have contact with autistic children: pediatricians, speech and hearing clinics, nursing schools and university departments of special education.

Play to Grow Program

The Joseph P. Kennedy, Jr. Foundation
1701 K Street, NW
Washington, D.C. 20007
(202) 331-1346

DIRECTOR: Dr. Thomas Songster

TARGET POPULATION: Age: Children and youth. Disabilities: Handicapped and non-handicapped children.

PURPOSE: To bring the physical and spiritual delights of play to all parents and teachers who wish to reach special children and share with them a close and creative relationship.

To help special children enjoy and benefit from physical activity and to help them to control their movements.

EXPECTED RESULTS: A happier child who can play despite a handicap and whose parents and family can play with him.

STAFF REQUIRED: None

SERVICE DELIVERY: The Manual for Parents and Teachers is explicit and simple to follow as it provides: questions and answers, pointers for beginning play, diagrams, warm-up skills.

MATERIALS REQUIRED: A booklet with instructions and a series of 12 Guides:

1. For the Special Child who is very young or severely handicapped
2. Fun with Rhythm, Movement and Dance
3. Fun with Seeing and Creating
4. Walking, Running, Jumping, and Fun with Ropes
5. Fun Outdoors: Hiking, Camping, Picnics
6. Fun in the Water

7. Basic Ball Skills
8. Fun with Bowling
9. Fun with Volleyball
10. Fun with Basketball
11. Fun with Soccer and Kickball
12. Fun with Softball

COST:	$2.50 for the kit including manual, guides, patches.
INVOLVEMENT OF FAMILY MEMBERS:	All members can participate.
EVALUATION BY PARENTS/OTHERS:	
AGENCIES INVOLVED:	Usually recreation/physical education groups/schools, etc.
REPLICABILITY:	Easily accomplished
COMMENTS:	Printed resource materials, films, records and other sources of information are contained in the Manual and at the end of each Guide.

Home Educational Learning Program (HELP)

Home and School Institute
Trinity College
Washington, D.C. 20017
(202) 269-2371

CONTACT PERSON: Dr. Dorothy Rich, Director

AREA SERVED: Metropolitan Washington

TARGET POPULATION: Pre-school and school-aged children and their parents.

PURPOSE: To help parents to talk as much as possible to their children in as concrete a fashion as needed.

To raise children's abilities as learners.

To build adult competencies as teachers into parents.

To serve as an adjunct to the school learning program.

STAFF: No extra staff needed. A teacher could probably set the program in motion by having a parent willing to do the Home Learning Activities. These are recipe-style activities to help families become more effective teachers at home, using just the resources of the home.

SERVICE DELIVERY: A number of Home Learning Activites are sent home by the teacher, describing ways that the family working together at home could reinforce and supplement reading and math. Using available home resources, most parents and siblings (over 10 years of age) could help the child. These activities are in the kitchen, living/dining room, bathroom, yard/neighborhood, and involve reading, writing, simple math, science, etc. No additional meetings of any kind are needed between parents and teachers. Participation is voluntary.

MATERIALS/COSTS: At home, nothing extra. Available resources used. For students enrolled in graduate courses or workshops, fees are charged for tuition and books. "A Family Affair: Education" by Dr. Rich and Cynthia Jones consists of three major parts, including the partnership of parents and teachers, home teaching tips, and recent research findings, is available for $8.00.

AGENCIES INVOLVED: Ususally the schools and the teachers.

COMMENTS: There have been positive comments and reactions from parents.

It would appear that this program can easily be replicated.

Parent Child Home Visitation Project

Rock Creek Center
Shookstown Road
Frederick, Maryland 21701
(301) 662-9200 ext. 324

CONTACT PERSON: Dr. Thomas Duncan

AREA SERVED: Frederick County, Maryland

TARGET POPULATION: Handicapped children, aged birth to 4 years, with developmental lags.

PURPOSE: To determine if there are developmental lags among young children who are handicapped.

To work with the parents of these children in the home setting.

EXPECTED RESULTS: The project is reducing developmental lag among young handicapped children through parent intervention.

STAFF:

SERVICE DELIVERY: Approximately 420 children and 420 parents are being served from seven centers geographically distributed in Frederick County. Services, coordinated with appropriate social agencies and organizations, include Home Visitation for disadvantaged parents of children aged 0-2 years, weekly group sessions for parents of children 0-2, and a toy lending library for parents of children of 3-4 years. Children are assessed for developmental gain by pre- and post-administration of a standard scale. Stimulation activities emphasize motor development, language development, conceptual development, self-concept, sensory development, and cognitive development. Two instruments are used to measure parental change. Fathers participate in evening sessions.

MATERIALS/COSTS: Materials are provided by the project at no charge to parents.

AGENCIES INVOLVED: Local social agencies and organizations to help coordinate the programs are involved in the project. These include Head Start, Social Services and Public Health Nurses.

COMMENTS: With support, this type of program can easily be replicated.

"Guide to the Community"

Elwyn Institute
Elwyn, Pennsylvania 19063
(215) 566-8800

CONTACT PERSON: Dr. Gerald R. Clark, President

TARGET POPULATION: Late teenage and young adults who are developmentally disabled, culturally deprived, socially and emotionally handicapped who are functioning at a retarded level.

PURPOSE: To provide practical, concrete training in social and academic skills which are found to be important for independent community living.

To provide the student with materials in a work-study program which are directly related to their every day problems.

EXPECTED RESULTS: The student will be better prepared to face the usual community activites and not become victimized by the unscrupulous because he knows how to handle his affairs appropriately and with a minimum of assistance.

SERVICE DELIVERY: This program can be undertaken at home or in conjunction with a work-study program for individuals who are preparing to go forth into the community from an institution or seeking independent living.

The guide consists of three volumes: Earning and Spending Your Money, Tax and Insurance Facts, and Coping with Problems of Daily Living. Each is written in easily understandable terms covering a number of areas in the broad category of the volume. Diagrams, sketches, dialogues, examples of what to do in various circumstances, exercises, signs, and examples of forms (tax, social security, deposit slips, checks, etc.) make this a valuable tool.

A parent, guardian or sibling would be able to assist the individual in working through these books without too much difficulty.

MATERIALS/COSTS: The three-volume "Guide to the Community" is available at $10.00 including postage.

COMMENTS: It appears to be a valuable tool. In addition, Elwyn Institute has published a language training manual "Your Child Can Talk Too" which was written specifically for parents.

Resurrection Parent Cooperative Preschool

2280 North Beauregard Street
Alexandria, Virginia 22311
(703) 578-1314

CONTACT PERSON: Janet L. Chitwood

AREA SERVED: Northern Virginia Area

TARGET POPULATION: Preschool children, 3-4 years old, with developmental disabilities and developmental delays.

PURPOSE: To meet the individual educational needs of each child.
To help all children to grow in awareness and appreciation of individual differences among all people.
To facilitate the placement of handicapped children in the least restrictive environment and to provide diagnostic and support services for them, their teachers and their families.

EXPECTED RESULTS: It is expected that mainstreaming will be demonstrated as a successful educational alternative for many handicapped children and replication sites for mainstreaming in local public school systems and private school networks will be developed.

STAFF: One director, one head teacher, one teacher/special education resource person, two teachers, two teaching assistants, one speech therapist (part-time) and one consulting occupational therapist.

SERVICE DELIVERY: All children are assessed initially with the Denver Developmental Scale and the "Social-Emotional Indicators for Mainstream Readiness." For handicapped children, individual skills are assessed on the Learning Accomplishment Profile, Alpern-Boll and informal assessment instruments designed by the special education resource teacher. This information is used to construct an individualized educational plan for each child which includes specific goals and teaching strategies. Bricker and Bricker, Kephart, and Peabody materials are used as needed. This program is carried out both in the classroom and in the home teaching program.

The total program and planning process is closely associated with High/Scope Foundation teacher training program based on Weikart's Cognitively Oriented Curriculum. All teachers are involved in field testing materials provided by this program.

Morning Schedule:

9:15-9:40 Small Group Time. Children meet in assigned small group with Master Teacher or Teaching Assistant for language development and focus on children's individual needs through an active learning experience.

9:40-10:40 Option Time. Children plan to work in one of the available learning centers and teachers facilitate children in following through on their first choice: 1) art 2) manipulative toys 3) blocks 4) body movement 5) house-dramatic play 6) discovery.

10:50-11:00 Bathroom and Wash-Up. Emphasis on self-help skills.

11:00-11:15 Snack and Recall. In small groups children taste new and different foods, using fine motor skills for manipulation. Teachers help children recall their initial plan for option time and encourage children to describe process.

11:15-12:00 Playground. Indoors or outdoors. Large motor activity with special emphasis on variety of organized games.

12:00-12:15 Circle Time. Each class has its own group circle with story, music and recall of day's activities.

Parents work in the classroom as paraprofessional aides two times a month. On the Saturday following the opening of school, parents receive orientation to the school, its curriculum and philosophy, and training in the ways staff and parent aides cooperate in the education process -- parental input through parent-teacher conferences for the development of the child's individualized educational plan and in the reinforcement of these goals at home; parental involvement once a week in the Home Teaching program for the handicapped children; parent cooperation in parent-teacher school clean-up day twice yearly.

Needs and interests of the parents are assessed during orientation. Varying programs are implemented according to needs. Curriculum orientation later in the school year corresponds with High/Scope parent training materials.

A Father's Seminar, a four-week discussion concerning role as parent, is scheduled in the spring. The Morning Mother's group is an exchange of ideas and scheduled according to need. Seminars are also arranged as a part of Outreach Project's parent training through Northern Virginia Council of Cooperative Preschool.

MATERIALS/COSTS: All materials are provided in the classrooms.

Registration fee $27.00 for school year.

Tuition: $45 per month for 3-year-olds who attend three mornings (4 hours) per week.

$55 per month for 4-year-olds who attend five mornings (4 hours) per week.

Undetermined for Special Needs Children who may attend 5 mornings per week.

$25 additional for speech therapist.

AGENCIES INVOLVED: Local social service and community mental health agencies as needed or required.

COMMENTS: The program seems to have a good reputation in the community and has met very positive reactions from the parents. It has also been replicated elsewhere in the state.

Short Term Offer of Help to Parents (STOP)

Mental Health and Mental Retardation Services Board
Box 7258
Arlington, Virginia 22207
(703) 558-2334

CONTACT PERSON: Linda Mendelson

AREA SERVED: Arlington, Virginia

TARGET POPULATION: All ages with developmental disabilities and learning disabilities. 70% of the clientele are ages 2-21.

PURPOSE: To implement self-care or behavior management programs in the home.

EXPECTED RESULTS: To delay or prevent institutionalization.

STAFF: Team consists of a social worker, consulting psychologist and two behavior management specialists. The staff meets as a team once a week. Fifteen cases are considered maximum caseload for the behavior management specialist.

SERVICE DELIVERY: The behavior management specialist visits the home of the developmentally disabled person to set up a program whereby the relative can train the client. The specialist creates programs and charts for each individual case. Some typical problems addressed by these programs are: temper tantrums, toilet training, feeding and manipulation. STOP also provides skill training for older clients, including how to use the telephone, how to use public transportation, and how to manage money. These skills will enable the client to function independently outside the home environment.

STOP's work does not end in the home. It coordinates its efforts with various community agencies, including sheltered workshops, group homes, and the local school system to insure consistency in efforts to train the clients.

MATERIALS/COSTS: Funded by state and local monies through the budget of the Arlington Mental Health-Mental Retardation Services Board. The budget for the last fiscal year was $24,000. There is no charge to parents.

AGENCIES INVOLVED: All Arlington agencies that deal with the developmentally disabled are involved.

COMMENTS: At the end of the year parents participating in the program are sent a questionnaire to assist in the evaluation and effectiveness. Results to date have been excellent according to responses on the questionnaire. Some families are now able to devise their own programs.

This program could be reproduced anywhere by an individual who has behavior management training. This is an inexpensive means of keeping people in the community. It does, however, require that the individuals who are hired be flexible in terms of time. Much of the work with families is done in the early evenings and sometimes on weekends.

St. Coletta Infant Stimulation Program

1305 North Jackson Street
Arlington, Virginia 22201
(703) 525-4433

CONTACT PERSON: Mrs. Hazel C. Hagarty

TARGET POPULATION: Children, birth to 2 1/2 years, with Down's Syndrome.

AREA SERVED: Metropolitan Washington, D.C. area

PURPOSE: To strengthen the role of the family as the primary teacher of their children and to avoid harmful effects on the lifestyle of the family.

To give support to the mother and family and instruct them in the selected program activities which need emphasis with their child.

STAFF: A director, physical therapist, pediatrician and students from a local college who are assigned for practicum.

SERVICE DELIVERY: A family may be referred from a pediatrician, hospital or clinic, at which time the mother makes a medical information sheet, and the child is seen by the pediatrician. The Denver Developmental Scale is given to indicate problem areas and progress.

An individually designed flexible developmental program is established which becomes the basis for activity by the staff and the mother. Sessions are held every Friday morning when the staff and mother work on the program with the infant for about an hour. The mother is shown how to work with the baby at home following through on the activities or lesson plans.

The last hour is spent in an informal group session with a visiting specialist -- psychologist, nutritionist, speech pathologist, social worker, dentist, etc. -- when the mother is free to ask questions regarding progress or problems.

The summer session (June, July, August) consists of an opportunity for the mother to make an appointment with the pediatrician for a half hour each month to discuss progress or problems.

MATERIALS/COSTS: Special materials designed to aid in the development of the babies are provided at no charge to parents. The program is privately supported.

AGENCIES INVOLVED: The usual community health agencies.

COMMENTS: Informal comments indicate great satisfaction with the program and services rendered. This program can easily be carried out by dedicated staff with proper training and supervision.

Parent Infant Education Program (PIE)

Arlington County Department of Human Resources
1800 North Edison Street
Arlington, Virginia 22207
(703) 558-2811

CONTACT PERSON: Director

AREA SERVED: Arlington, Virginia

TARGET POPULATION: Infants, 0-3 years, with identified, suspected or potential developmental disabilities.

PURPOSE: To train parents to become their children's teachers, with emphasis on developing cognitive-language skills, fine and gross motor abilities, perceptual-motor skills, self-help skills, and socially appropriate behaviors.

EXPECTED RESULTS: To develop a regional early education program for infants.

STAFF: Supportive personnel help to provide a multi-disciplinary approach to intervention. Occupational, physical and speech therapists are provided.

SERVICE DELIVERY: Children and their parents are referred by a physician or one of the usual community social agencies. The staff makes an assessment of the child's problems and develops appropriate plans to meet their specific needs. Parents are trained to become teachers of their children, and along with the teaching faculty, provide direct educational services to the children. The parent involvement model includes: 1) teaching parents the techniques of behavior modification in small parent-child groups; 2) teaching parents ways to change the home environment; and 3) having parents carry out home intervention activities. The curriculum is developed within a diagnostic-prescriptive framework, emphasizing evaluation for the specific needs of the child. Fathers are encouraged to attend a weekly evening session.

MATERIALS/COSTS: All necessary materials are provided at the program site at no charge to parents.

AGENCIES INVOLVED: Local agencies may provide developmental evaluations, well-baby clinic services, foster care and counseling.

COMMENTS: This program is scheduled to be replicated in four other centers in the Northern Virginia area. It currently serves over 300 families.

Infant Education for Multihandicapped Children

Department of Pediatrics
University of Virginia
Box 232
Charlottesville, Virginia 22901
(804) 924-3349

CONTACT PERSON: Sharon Hostler

AREA SERVED: Charlottesville, Virginia

TARGET POPULATION: Children, 0-2 years, with multiple handicaps.

PURPOSE: To stimulate the growth and development of infant children with multiple handicaps.

To develop observational techniques and to use these assessment instruments and other validated assessment instruments to plan and upgrade children's curriculum.

To record individual and group profiles.

To make parental involvement direct and indirect: a crucial facet of the program.

EXPECTED RESULTS: Development of an individually feasible program to enhance and enrich the potential growth of each child, including a number and variety of educational activities.

SERVICE DELIVERY: A social worker works with the parents both at home and at the children's rehabilitation center. Thirty children are served by the project and are subject to comprehensive physical and developmental assessments. The developmental assessment is done using an assessment scale made up of items from other developmental tests. During the developmental phase of the project, there is training of students from health and other professions in the screening and referral services.

MATERIALS/COSTS: The necessary materials are provided by the project at no charge to the parents.

AGENCIES INVOLVED: None.

COMMENTS: Program is replicable.

Parent Training Program

Southeastern Virginia Training Center for the Mentally Retarded
2100 Steppingstone Square
Chesapeake, Virginia 23320
(804) 424-9606

CONTACT PERSON: James G. Moreey, Ed.D.

AREA SERVED: Chesapeake and surrounding counties.

TARGET POPULATION: Residents in the facility and their parents.

PURPOSE: To involve parents in the institutional program for their child so they can know the program and the idiosyncrasies of their child and how the staff deals with these problem behaviors.

To provide training for the parents in the management of behavior, as well as the activities of daily living for their child, so these can be continued in the home.

STAFF: Interdisciplinary staff of the facility.

SERVICE DELIVERY: When the individual is deemed ready to return to the home and community, the parent is notified and comes to the facility for an intensified program.

Both parent and individual are trained together in the release program. Some aspects the parents receive separately, particularly the "know-how" of management of behavior.

When the individual is returned home, the parent extends the training in the home, and is able to call upon the resources of the facility as needed.

Staff assists the parent to know and use the resources of the community and how the systems of health, educational and social resources work.

MATERIALS/COSTS: None.

AGENCIES INVOLVED: The usual local agencies providing services to the mentally retarded and developmentally disabled.

COMMENTS: It would appear that all facilities could duplicate such a program as a service to the parents and their residents who are about to return to the community.

Child Development Program (Pre-Admission Program)

Southeastern Virginia Training Center for the Mentally Retarded
2100 Steppingstone Square
Chesapeake, Virginia 23320
(804) 424-9606

CONTACT PERSON: James G. Morrey, Ed.D.

AREA SERVED: Chesapeake and surrounding counties.

TARGET POPULATION: Mentally retarded and developmentally disabled up to age six.

PURPOSE: To assess the child and his problems and the reasons for seeking admission to the facility.

To help the parents know and understand the problems of the child.

To utilize the resources of the community.

EXPECTED RESULTS: The program teaches parents how to deal with the problems and aggressive behaviors of the children at home to help prevent institutionalization.

STAFF: The staff from the residential facility, including those in the major disciplines, serve this program.

SERVICE DELIVERY: Referrals come from the usual community sources. The child may have been evaluated by the local child evaluation clinic and referred to SEVTC for placement. Staff at SEVTC make an assessment of the total problem areas presented by the child and the family and then make a decision to work with the family as a unit. Staff make a home visit to assess the family and the child in the home setting. Following the development of an individualized plan for the child, staff go to the home regularly to implement the plan, training the mother to carry out the provisions of the program.

The Southeastern Virginia Assessment Scale is used in the assessment, along with other instruments.

MATERIALS/COSTS: Most materials used are found in the home. The program is supported by the state and the regional center, SEVTC.

AGENCIES INVOLVED: Local clinics and social agencies.

COMMENTS: According to the director of the program, out of 54 families which started in the program to admit their child to the facility, only three have done so. Parents are now planning for the day when their child can attend the local special education classes.

Parent Training Program

Lynchburg Training School and Hospital
P.O. Box 1098 -- Nagler Building
Lynchburg, Virginia 24505
(804) 528-6000 or 528-6278

CONTACT PERSON: Pat Kennedy

TARGET POPULATION. Children, 2 to 21 years old, with developmental disabilities.

AREA SERVED: Lynchburg, Virginia

PURPOSE: To prevent institutionalization.
To return to the community those already in the institution.
To prepare children to participate in the program.

EXPECTED RESULTS: The program aims to prevent breakup of the family unit and to help parents know, understand and deal with the behaviors of their handicapped child and to use community resources to meet the needs of the child and the family.

STAFF: An interdisciplinary team consisting of special educators, a speech therapist, occupational therapist, physical therapist, social worker, psychologist and nurse.

SERVICE DELIVERY: Upon referral, the team, including the parent(s), will: evaluate the strengths and weaknesses of the child; assess the skills the child will need to function in his home, school or community; design an individual education plan to meet the needs of the child; implement the education plan providing for parent training and parent participation; determine if the goals have been reached; provide transitional services as needed in the home and the community; design a regimen of care to meet medical needs.

The Parent Training Project consists of 3 types of programs.

1. Referral -- where the team meets with local community agencies, such as the local Chapter 10 Board to discuss needed services for the child when these services exist in the community and when the LTS & H is not deemed the least restrictive environment.

2. Community Based -- when the evaluation reveals that the needs of the child are met best in the community, and not at LTS & H. The emphasis is on training the parent(s) to work with the child at home and in the community. The family situation is evaluated and a schedule is designed as to the times when the team will visit the home for training sessions. At times, the parents will be asked to visit LTS & H for re-evaluations and further instructions.

3. Residential -- when the child is admitted to LTS & H on a short term basis during which parent training and participation will be required in order to achieve training goals and objectives. Noncooperation could result in the child's discharge. During this time, the team will cooperate with the local Chapter 10 Board and educational agency to determine the skills the child might need to remain in the community, home, and school.

Upon admittance to LTS & H, he will be housed in one of the eight existing living units, depending upon his age, degree of disability and program needs.

The Parent Training Team also designs and presents workshops and seminars to provide group experience and discussion of various problems encountered by families with a handicapped child.

MATERIALS/COSTS: Developmental speech, psychological and educational scales, audio-visual and dissemination materials are used. The program is federally funded, Title I.

AGENCIES INVOLVED: Local Chapter 10 Board, schools, and others depending upon the needs of the child and family.

COMMENTS: This program can be accomplished by any residential facility with an interdisciplinary team or by a well-staffed regional center or clinic with interested and involved community agencies.

Learning Language at Home

Publication: The Council for Exceptional Children
Publication Sales
1920 Association Drive
Reston, Virginia 22091

AREA SERVED: Unlimited

TARGET POPULATION: Pre-school and early elementary grades 3-5 years with or without disabilities.

PURPOSE: To stimulate the language development of the young child at home.

To help students develop new skills using color coded groups of lessons on four basic skill areas, motor, auditory, visual and verbal.

STAFF: None. Parents can understand and carry out each activity with ease at home.

SERVICE DELIVERY: This sequenced program consists of 200 lesson cards, color-coded by skill area, with 50 lessons in each category. Each lesson includes four reinforcement and extension activities. The manual gives specific suggestions for ensuring the success of each lesson and includes a "Record of Progress Forms" listing all 200 lessons by objective, skill area, number and master sequence number.

MATERIALS/COSTS: Materials used in the lessons are ordinary household items or can be made at minimal ease at home. The kit costs $35.00.

COMMENTS: Competent siblings and extended family members can help the person with the disability.

Training for Deinstitutionalization

Northwestern Community Mental Retardation Services
Room 10, P.O. Box 632
21 South Kent Street (Third floor)
Winchester, Virginia 22601
(703) 667-2488

CONTACT PERSON: Ronald H. Lofts

AREA SERVED: Winchester, Virginia and northwestern community.

TARGET POPULATION: Anyone with a developmental disability at home or leaving an institution to go to a home.

PURPOSE: To provide developmental training and respite care, along with a training program for parents of persons with a developmental disability.

To provide an alternative to institutionalization and training for families of returning and recently returned residents of the state institution.

To help stabilize the family unit.

To provide training program to parents and foster parents of developmentally disabled persons.

EXPECTED RESULTS: An increased number of persons placed from state institutions, a reduction in requests to state hospitals for services, and reduction in the recidivism rate.

STAFF REQUIRED: A mental retardation coordinator; persons knowledgeable in teaching behavior modification techniques; paraprofessionals, with education 2 years beyond high school who have abilities to work with families and the mental retardation coordinator; consultants who can teach --

a lawyer, a psychologist and a professional First Aider.

SERVICE DELIVERY: There are two parts to this project: 1) training for deinstitutionalization and 2) respite care.

The first, "Training for Deinstitutionalization", consists of 11 two-hour weekly classes to train parents. The first five classes are concerned with behavior modification techniques, using the text Parents are Teachers. Parents are helped to set up a program for their child, implemented further by home visits by a paraprofessional who shows the family how to use the techniques learned in class; answers questions; and acts as a third person observer. These home visits take place weekly between classes, but the paraprofessional can be called upon at any time in emergency cases.

The next three classes involve a variety of professionals who present and work with parents in a group setting to answer their questions.

The last three classes are taught by 1) a lawyer who speaks on "Retardation and the Law'; 2) a psychologist who discusses physical and psychological development; and 3) a professional first-aider who covers first aid in the home and special problems.

The second part of the project is developmental respite care and is implemented through the paraprofessional staff and foster homes. Three foster homes have been developed that maintain beds available to the staff to use for persons in need. Developmental respite is defined as a respite care that emphasizes training in developmental skill areas and behavioral problems. This removes the primary care responsibility from the parents and can involve them in the training project from a more objective view. Example: The developmentally disabled child or adult may need toilet training. They stay at one of the respite care homes, and the paraprofessional, in consultation with a clinical psychologist, sets up a training program for the individual. The foster parents are primarily responsible for carrying out the program, but the parents are involved as much as possible. The foster parents are paid up to $8.00 per day, depending on programming requirements.

A thorough evaluation is conducted by the Child Developmental Center on each client entering a respite home. The Child Developmental Center is operated by the Health Department. The staff consists of a physician, nurse, psychologist, teacher, and social worker.

MATERIALS/COSTS: Necessary materials are provided by the project at no cost to parents.

AGENCIES INVOLVED: Mental Health/Mental Retardation Services Board, welfare department, public health department.

COMMENTS: The program hopefully will fill a current gap in the service system and provide a means of entry into the community service system that can be expanded and developed into other service areas: i.e., self-help parent groups, crisis counseling for families of newborn developmentally disabled infants and children. The program is replicable.

Project PUSH

39 South Mineral Street, Annex
Keyser, West Virginia 26726
(304) 788-5160

CONTACT PERSON: April Beavers, Director

AREA SERVED: West Virginia

TARGET POPULATION: The course is designed for a target audience of early childhood (3-8 years) teachers with limited special education background who teach children with special needs.

PURPOSE: To contribute to the education of handicapped children by utilizing the child's earliest resource -- the parent.

To help the parent, as the child's first teacher, to help the child in a home-based program to intervene early with young children with special needs.

To remove constraints so that the focus can be placed on the area of greatest concern. The removed classroom constraints are: 1) the home is the natural environment of the child so he does not need to try transferring learning from one environment to another; 2) the home allows the teacher to see the full range of the child's behavior; 3) the home permits a one-to-one relationship with fewer distractions; and 4) the whole family can become involved in the child's education.

EXPECTED RESULTS: Better trained persons who can work effectively with the person who is handicapped and with members of the family, so that the child will be equipped to participate with his/her peers in the classroom at the opportune time.

STAFF REQUIRED: PUSH staff responsible for the development and production of the instructional materials included: Director and Instructor, Director of Program Services, Director of Evaluation, Director of Media, Learning Resource Specialists (2) and Speech Pathologist.

SERVICE DELIVERY: PUSH is an acronym for Parents Understanding Student Handicaps. The course was developed by Project PUSH-Outreach, Mineral County Board of Education, Keyser, West Virginia, in collaboration with the Appalachian Satellite Program through a grant from the Bureau of Education for the Handicapped, United States Office of Education. Project staff developed the course "Teaching the Young Handicapped Child: An Overview" for early childhood teachers with limited special education background. There are two booklets used in the course: "An Annotated Guide to Parent Involved" is a 71-page booklet showing how parents and teachers can work together and build a "triad of strength through involvement" with the children. There are 16 Action Plans, the major goal of each being to involve parents in a planned and meaningful way; they may be used as models, or merely as suggestions. They include topics such as: "Parents as Observers", "Workshops", "Demonstrations and Training Programs", "Alternative Advocates", "Parenting", "Progress Reporting and Evaluation", "Volunteers/Aides", "Increasing Involvement", etc. A Bibliography, Discussion Questions and Role Play Activities complete the booklet.

The second is entitled: "The Components of a Viable Home-Based Program" and is designed for individuals who are presently involved in home-based education, desire to become involved, or simply wish more information on the subject. Its 87 pages are devoted to a description of "Components" such as Education, Health, Nutrition, Safety Education, Social Services, and Evaluation, with prescriptive activities, objectives, teaching strategies, and two child development case studies. There is also a bibliography on home-based reference books and articles.

MATERIALS REQUIRED: The two booklets mentioned above. There is also a video cassette on "Parent Involvement" to be used prior to the first instructional program.

FAMILY INVOLVEMENT: Other members of the family may participate

Early Childhood Parent Education Training Outreach Project

Child Development Services -- RESA VIII
615 West King Street
Martinsburg, West Virginia 25401
(304) 263-8948

CONTACT PERSON: JoAnn Richards, Director

AREA SERVED: West Virginia Counties of Berkeley, Grant, Hampshire, Hardy, Jefferson, Mineral, Morgan and Pendelton.

TARGET POPULATION: Children, 0-4 years old, with developmental delays and/or specific handicaps.

PURPOSE: To identify learning handicaps of young children.

To provide an individualized educational program for the child with an "at home" approach.

To provide an individual developmental instructional program for those children who have significant developmental delays and/or specific handicaps.

To work with the child in the home in the presence of the parent and to provide an educational agenda along with developmental materials to be used by the parent with the child on a weekly basis.

To coordinate services of health, mental health, welfare and education to those children with special needs.

To conduct parent workshops, meetings, seminars, etc., periodically with parents on parenting skills and all aspects of child growth and development.

To provide staff development activities for teachers, aides, and child service personnel of all agencies.

EXPECTED RESULTS: So far, 244 children have been identified within the region, and 172 children have been provided direct services. Significant gains in effective, cognitive and psychomotor development, along with better recognition by community agencies as to the value of the approach have been realized.

STAFF: The project includes a director, a staff assistant/ parent educator, a secretary and eight child development teachers.

SERVICE DELIVERY: The Curriculum Improvement Center, Regional Educational Service Agency VIII established a Demonstration Model Early Childhood Parent Education Training Outreach Project for Parents and Parenting Persons of Preschool (Handicapped and Nonhandicapped) Children. A Regional Parent Education Training Resource Center was established at the Curriculum Improvement Center with a Satellite Parent Education Training Center in each of the eight counties within the region.

The parent educator, trained by the project director, in each of the eight satellite centers conducts training sessions throughout the year. Those parenting persons training to improve their effectiveness are: in-home care providers, foster/adoptive parents, direct welfare recipients with young children, babysitters/ grandparents, and parent organizations such as PTA's. The center also provides staff development and resources for day care centers and local agencies. Technical assistance is available to educational and social agencies within the state.

MATERIALS/COSTS: The project staff has developed: "At Home Instructional Units" -- Ten learning units developed around specific topics, each of which contain activities for the development of language, gross motor, fine motor, cognitive self-help and social skills; and "Pandora's Box -- Creative Play Ideas" -- Educational games, materials, and toys to be made with the child from items found in the home, finger-plays, art recipes and songs for the autoharp. In addition, there are a number of filmstrips, cassettes, Parent Magazines, and other materials in each location of the project. All are provided to the children and parents as part of the program, at no charge. The project is funded by the West Virginia Department of Education and funded in part by the West Virginia Department of Welfare through Title XX Social Security. It operates under the auspices of the Governor's Interagency Council for Child Development Services.

AGENCIES INVOLVED: There is close cooperation among educational, social, health and business interests in this project.

COMMENTS: There is continuous "in-house" evaluation of all phases of the Child Development Project through activities of an evaluation team which also makes on-site visitation into the homes. This program could be easily replicated.

Family and Infant Learning Program

Valley Comprehensive Community Mental Health Center
301 Scott
~~605 East Brockway~~ Avenue

Morgantown, West Virginia 26505

(304) 296-1731

CONTACT PERSON: Mimmie Byrne

AREA SERVED: Monongalia County

TARGET POPULATION: Children, 0-3 years, who are handicapped or four months developmentally delayed in one area of development or two months delayed in more than one area.

PURPOSES: To provide parent training and support to families.

To maximize the development of the handicapped or dealayed child.

To train parents in good teaching skills, knowledge of child development and their child's particular handicapping condition.

EXPECTED RESULTS: It is expected that the potential of the handicapped child will be enhanced by the development and implementation of an educational program.

Staff includes a director and three home trainers as well as one MSW, one MA in human development, one MA in special education, and one RN.

SERVICE DELIVERY: The program begins with an assessment of the child in the areas of gross motor, fine motor, social, self-help, language and cognition. The staff brings together the assessments, the parents' desires and input and evaluation from a variety of disciplines to develop a

105

four-month educational plan with specific objectives for the child. This plan is then implemented through a home-training program. At the end of the four-month period, each child is reassessed, new objectives are developed and training continues.

The parent's teaching skills are first assessed by video taping the parents while they teach their child. These tapes are then closely observed; teaching skills are qualitatively and quantitatively assessed to see what teaching skills the parents already demonstrate and those that need improvement or need to be introduced. Along with home-based training and support services, the importance of parent-to-parent contact is an additional component. Parent meetings are provided as a means to provide requested information. Also, informal parent get-togethers occur where children and parents are present. Support is provided to the parents by counseling, accompanying parents to various medical appointments and seeking financial assistance when appropriate.

The program offers also a class to interested community members to become trained babysitters for the handicapped.

MATERIALS/COSTS: Video porto pak; assessment materials; child development resource materials. The project is funded by the Bureau of Education for the Handicapped at no fee to the families.

AGENCIES INVOLVED: While this program is based in a community mental health center, many agencies are involved. Speech and physical therapy and many other clinics at WVU Medical Center work very closely in developing a child's program. The Easter Seals Society also works cooperatively in this way. Students from a variety of disciplines at West Virginia University are trained through this program.

COMMENTS: One parent is required for participation in the program although total family involvement is desired. The staff adjusts its working hours to facilitate family involvement. Both parents and professionals in the community evaluate the program on a yearly basis through an anonymous questionnaire. Parents also serve on an advisory council.

As a demonstration project, the program is open to visitors.

REGION IV

Alabama	- 1
Kentucky	- 1
Mississippi	- 2
North Carolina	- 2
South Carolina	- 1
Tennessee	- 3

Rural Infant Stimulation Environment (RISE)

University of Alabama
Area of Special Education
P.o. Box 2846
Tuscaloosa, Alabama 35480
(205) 348-7340

CONTACT PERSON: Lorreta Holder

AREA SERVED: Families in rural Alabama.

TARGET POPULATION: Infants, 0-3 years old, with severe multihandicaps.

PURPOSE: To meet the needs of rural Alabamian families who have severely multi-handicapped infants and to provide services for them.

SERVICE DELIVERY: The focus of the curriculum utilized in the project is highly developmentally and environmentally oriented. Every effort is made to stimulate the child via his interactions with multisensorial environment. Verbal and motor stimulation is provided at all times. The curriculum is presented through two demonstration day-care programs. Scores on assessment instruments are utilized as baselines for noting progress on the project. A systematic but individualized program of diagnostic evaluation is an integral part of each infant's program. From there, a curriculum is implemented based on Piaget's developmental theory.

A demonstration day-care center for severely handicapped infants is established, and there is provision for training professionals and paraprofessionals to deliver services to severely handicapped infants.

The program is providing to the 216 severely handicapped infants' families the following: 1) counseling services; 2) diagnostic evaluations; 3) educational and therapeutic program profiles; 4) continuous support and follow-up; and 5) training on how to cope effectively with a handicapped child in the home.

MATERIALS/COSTS: Provided by project.

Programmed Environments Preschool Family Services Program

Blue Grass Association for Mental Retardation, Inc.
898 Georgetown Street
Lexington, Kentucky 40505
(606) 233-1483 or 258-4716

CONTACT PERSON: Judy Morgan, Family Services Coordinator

AREA SERVED: Lexington, Kentucky

TARGET POPULATION: Mentally retarded children 0-6 years old with multiple handicaps.

PURPOSE: To aid the developmentally delayed, multiply-handicapped infant or pre-school child in acquiring social, language, self-help and motor skills in preparation for enrollment in the public school system.

To provide stimulation and preschool education to enable the child to be placed in the highest functioning class in the public school system.

To overcome severe deficits.

STAFF: Director, coordinator and assistant--Physical therapist and speech therapist (both ½ time)--7 teachers-5 teacher aides (½ time); 1 bus driver.

SERVICE DELIVERY: Parents call the Pre-school Director at the University of Kentucky for a discussion of the areas of concern.

Family orientation -- The Children's Social Services Coordinator visits the child's home to share information on the preschool and the Blue Grass Association with the family and to gather the medical and family history of the child. Application and admission forms are completed.

Medical exmination -- A recent physical examination of the child is required, along with records of immunizations.

Program visitation -- The Children's Social Services Coordinator accompanies the family on a tour of the preschool. The child is usually placed in a classroom during this time so the family can observe the child in the program setting.

Observation and evaluation -- A child who is enrolled in the program undergoes a six-week period of observation, testing and educational evaluation to insure that proper placement of the child has been made.

The BGA preschool program is designed to meet developmentally delayed infant and children's needs to learn language, cognitive, social, self-help and motor skills. Through a cooperative effort with the University of Kentucky's Department of Special Education, a curriculum for teaching these skills as well as teaching techniques has been developed. Children are placed into one of three classrooms which are structured to meet different needs.

In addition to classroom instruction, other services are available, including family counseling and training, sibling groups, educational evaluations, recreational activities and referral to other agencies and programs. Parents are required to attend monthly meetings and staff stay in frequent telephone contact with them.

112

MATERIALS/COSTS: Materials are provided by the school, including "A Handbook for Parents". Fees are charged based on the ability of parents to pay. A nominal charge for transportation to and from the preschool is also based on the family's ability to pay.

AGENCIES INVOLVED: Community social and health agencies.

COMMENTS: Program is replicable.

Jaycee Evaluation Center

Ellisville State School
Ellisville, Mississippi 38437
(601) 477-8541 ext. 229

CONTACT PERSON: John P. Lipscomb

AREA SERVED: South Mississippi

TARGET POPULATION: Children, birth to 14 years of age, with any type of disability.

PURPOSE: To provide diagnostic and programming services to the developmentally disabled population residing in south Mississippi.

STAFF: Director, psychologist, speech pathologist, child development specialists, social worker, registered physical therapist, parent educator, consulting geneticist, secretary.

SERVICE DELIVERY: Parents seeking evaluation must bring their child to the Center.

Video equipment provides a visual baseline of a child's behavior. The parent and family members are encouraged to observe the evaluation of their child. Recommendations frequently include home programming which must be carried out by the parents. One team member continues to monitor the child's overall progress regardless of placement. The Center receives feedback regarding the child's progress through contact with the parents, teachers and other individuals who may come in contact with the child.

MATERIALS/COSTS: Service provided at no cost.

AGENCIES INVOLVED:	Department of Public Welfare and local school systems.
COMMENTS:	The basic program is currently replicated at each of Mississippi's retardation facilities although housed at residential institutions. Services provided by the evaluation centers are available to all citizens within the institution's catchment area.

Mississippi Action for Teaching Children at Home (MATCH)

Box 98
Sanatorium, Mississippi 39112
(601) 849-3321 ext. 264, 265

CONTACT PERSON: Mrs. Olive Jones, Coordinator

AREA SERVED: Sanatorium, Mississippi

TARGET POPULATION: Children, birth to 4 years old with cerebral palsy or cerebral dysfunction.

PURPOSE: To provide a plan of early intervention for both the child and his family.

To offer the home setting as an alternative to institutionalization.

To educate the child's parents in methods of handling or instructing their particular child.

To provide a program of development for each individual child which will allow him to work within the framework of his physical condition and mental abilities to perform the skills of which he is capable.

To work as a transdisciplinary team to provide a complete assessment of the child in all areas of development.

EXPECTED RESULTS: The program expects to establish a total parents-child-staff working unit.

STAFF: Providing specialized services are staff members representing varied developmental disciplines. Each member is responsible for teaching the skills of his discipline to each of the other team members thus making it possible for each person to become proficient in viewing the child as a total person.

SERVICE DELIVERY: The home structure provides the environment for the teaching process. Parents maintain the role of the natural teacher and work with the educator in the home to learn how to best facilitate the child's needs. The educator is provided the opportunity to get into the child's immediate actions, to get into his family interactions, and to observe the total home environment. Working with the parent, the educator "listens and watches" in order to help the parent formulate goals and objectives which are compatible with the particular "family style." Home visits are made once a week by the teacher on a regularly scheduled basis. Visits last from one to two hours with the teacher and parent working directly with the child. Problems, progress, or changes in the child are discussed and ways of making learning meaningful in the daily routine that applies to the household are outlined. The parent and teacher collaborate to write prescriptions which include what behaviors or concepts are being taught, how to present the concept, and how the parent views the child's progress.

MATERIALS/COSTS: Video tapes, brochures, audio-visual films and learning posters are used. Fees are on a sliding scale of up to $25.00 per month to aid in transportation costs of the teacher.

AGENCIES INVOLVED: MATCH collaborates and corresponds with other Centers to keep abreast of what is available in the area of early intervention. The staff is also affiliated with professional organizations.

COMMENTS: MATCH originated from United Cerebral Palsy Ripple Project and Portage Project. It was developed to meet the needs of children in a rural area. The MATCH Program is versatile in that it could be easily adapted to any particular area.

The Infants Program

Western Carolina Center
Enola Road
Morganton, North Carolina 28655
(704) 433-2661

CONTACT PERSON: Samuel Cornwell, M.D., Ph.D., Director

AREA SERVED: 35 counties in western North Carolina

TARGET POPULATION: Infants from birth to 3 years of age with a wide range of developmental disabilities. The majority of infants served have serious organic involvement, including mental retardation and cerebral palsy.

PURPOSE: To provide and develop services in the home and local community for developmentally delayed and/or handicapped infants in order to maximize individual development and reduce the need for subsequent institutionalization.

To set up a workable model suitable for use in other areas and provide or procure interdisciplinary assessment and individualized treatment and home-based training services to client children and their families or caretakers.

To provide or procure interdisciplinary assessment and individualized treatment and home-based training services to client children and their families or caretakers.

To develop and monitor individual behavioral prescriptions and developmental goals, collect appropriate data, and evaluate progress toward these goals for the children and their families.

To provide or arrange for home trainer services to guide parents in carrying out the prescribed goal-oriented training and behavior shaping activities with the child.

To provide or arrange social services which not only help families solve, or come to terms with client-child related problems of daily living, but also promote the development of problem-solving attitudes and behaviors in relation to their client-children.

To organize client parents in small groups for mutual support, education, and relevant activities.

EXPECTED RESULTS: The Infants Program is based on the premise that the services it provides will optimize the development of the children served and their families, providing significant benefits through increased child and family functioning at a less dependent level. The program is also intended to establish the usefulness of training parents in small groups. The client-children and families should be more productive and participative in society than would be the case if the children had no such program in their homes or were institutionalized at an early age.

STAFF: There are two multidisciplinary teams.

-- Psycho-educational, social work, nursing, medical, physical therapy, and language development professionals.

-- Home trainers consist of a staff member and a teacher or a nurse (many are public health nurses). For families in more distant locations, home trainers are recruited from local communities and are trained and supervised by program staff. They serve as the main communication liaison between staff and the family.

SERVICE DELIVERY: Before parent training is begun in the home, each family is visited by a team social worker who explains the program, obtains a social history, and administers a screening test. The parents then accompany the infant to the Western Carolina Infant Program (WCIP) for a day long multidisciplinary assessment and participate in an interpretive conference in which the assessment findings and plans for intervention are discussed. Following the conference, the social worker then pays a second visit to reiterate the assessment findings and the parents' role as intervention agents. At this point, the home trainer becomes responsible for training the parents to carry out the intervention programs.

The home trainer visits parents on a weekly or biweekly basis for one to two hours to introduce, demonstrate, and explain the intervention programs. These deal primarily with cognitive development, language development, motor development, self-help development, behavioral programming and pre-school programming. The parents are expected to carry out the programs with the child on a daily basis. While home trainers have considerable latitude in individualizing the programs to meet the needs of the family, the teams determine which programs are appropriate for a particular child. The home trainer may modify programs as needed during the weekly home visits. Team members are available to home trainers for consultation on program implementation. The families return to WCIP every four or five months for follow-up multidisciplinary assessments and program planning.

MATERIALS/COSTS: Needed materials are provided by the program through state funds. There is no charge to parents.

AGENCIES INVOLVED: Local public health, mental health and social services; pediatricians.

COMMENTS: The program can be replicated at a moderate cost. An interdisciplinary team and home trainers would be needed.

Access to Mainstream

Alliance for Progress, Inc.
P.O. Box 277
Powellville, North Carolina 27967
(919) 332-3819

CONTACT PERSON: Guynor Mills

AREA SERVED: Powellsville, North Carolina

TARGET POPULATION: Children, 0-6 years, with mental handicaps, emotional handicaps, speech/language impairments, and specific learning disabilities.

PURPOSE: To provide an exemplary comprehensive service for children whose early education may be endangered by the presence of these handicaps.

To develop techniques to help the parents and families understand and accept their handicapped child.

To develop an individualized instructional program for parents and families.

To devise and demonstrate specific instructional activities or techniques appropriate to the developmental stage of the particular handicapped child.

EXPECTED RESULTS: The program provides home-based activities with families working together, for the member who is handicapped.

The focus of the program is on language skills.

STAFF: Interdisciplinary staff.

SERVICE DELIVERY: Standardized tests are used as instruments to assess the child's progress. Staff development is included in the programming and production of media presentations is initiated. The outreach phase provides basic training for Head Start, state and community personnel. It also provides consultation and training in instruction for home-based handicapped children and their families. Instruments used are: Denver Developmental Screening Test, Alpern-Boll Developmental Profile, Bayley Scales of Infant Development, Learning Accomplishment Profile.

MATERIALS/COSTS: Necessary materials are provided by the program at no charge to parents.

AGENCIES INVOLVED: Community and state personnel from various programs are provided training.

COMMENTS: This program is replicable.

Outreach Project of the Parent Tape Training Program

South Carolina Department of Mental Retardation
Coastal Center Division
Jamison Road
Ladson, South Carolina 29456
(803) 873-5750

CONTACT PERSON: Mary D. Lancy

AREA SERVED: Catchment area of the Coastal Center;outpatient projects.

TARGET POPULATION: Children, 0-6 years, who are mentally retarded and multiply handicapped.

PURPOSE: To plan and initiate comprehensive in-home programs of developmental and educational intervention.

To provide training and support for parents and volunteers who implement the programs.

To serve as a catalyst for the organization of informal group programs in order to provide continuing service.

EXPECTED RESULTS: The program brings services to the handicapped as close to the home as possible and utilizes the resources of the family.

STAFF: Home visitors.

SERVICE DELIVERY: Children are drawn from existing outpatient projects of the coastal center. Baseline data are taken in the areas of each child's delay (physical, intellectual, motor, perceptual, social and emotional). A comprehensive curriculum is prepared and recorded on audio cassette tapes. Instrumental music is used to motivate, instruct, and enrich the learning activities. Home visitors train the parents in the use of the tape program, monitor the children's progress and modify and update the curriculum material through weekly visits to the home. The Parent Tape Training Program is the singular position of being able to offer specialized resources and training assistance to other agencies and programs in South Carolina such as the public schools, day care programs, Head Start Programs, child and welfare and public health departments. Workshops which include both demonstration and direct participant involvement are held. In addition, a "satellite" home visitor is trained. This staff member then goes to another region in South Carolina and trains and supervises paraprofessional home visitors to serve additional children in the area.

MATERIALS/COSTS: The Rating Scale for Evaluation of Home Visits, Bayley Scales of Infant Development, Alpern-Boll and audio-visual cassettes are used. The cost to parents is not known.

COMMENTS: The development of a successful "satellite" model provides a means by which the program can be replicated through the state.

Preschool Handicapped Program

Clinch-Powell Educational Cooperative
P.O. Box 97
Harrogate, Tennessee 37752
(615) 869-3605

CONTACT PERSON: Emma Hurst

AREA SERVED: Rural Appalachia, Tennessee

TARGET POPULATION: Children, birth to six years old who are mentally retarded, deaf, blind, hard of hearing, visually handicapped, speech impaired, crippled, and learning disabled.

PURPOSE: To identify children with handicapping conditions.
To train parents to provide activities which will remediate current difficulties and prevent future complications.
To train personnel.

EXPECTED RESULTS: To insure that each child has the opportunity to attain his maximum potential.

STAFF: Multidisciplinary professionals, paraprofessionals, and community personnel.

SERVICE DELIVERY: A home trainer visits the home one day per week. The home trainer works with children, parents and siblings. Parents participate in the daily implementation of the program, prescriptive teaching, evaluation, and reading. The project also provides referral services to the parents for medical, financial and diagnostic services. The children are evaluated by a battery of instruments. These children are compared with a control group given the same tests. Instruments used: The Cattell Infant

Intelligence Scale, Peabody Picture Vocabulary Test, Developmental Profile, and Developmental Sequence Checklist.

MATERIALS/COSTS: The necessary materials are provided by the program at no charge to parents.

Regional Intervention Program (RIP)

2400 White Avenue
Nashville, Tennessee 37204

CONTACT PERSON: Mr. Vince Parrish, Principal

AREA SERVED: 26-county area of middle Tennessee.

TARGET POPULATION: Children under 5 years with disabilities ranging from mild-behavior disorders to severe developmental delays.

PURPOSE: To provide a data-based, parent-implemented, early intervention program to parents and their handicapped children.

PURPOSE: To focus on teaching parents what to do at home in order to manage their child's behavior in a positive way; and, to teach their child essential skills.

STAFF: There are six resource staff members who hold degrees in special education. They rely on clinical and technological input from consultants in the disciplines of child psychiatry, clinical psychology, special education, pediatrics and speech pathology.

SERVICE DELIVERY: When a new family comes to RIP, a series of mimeographed pamphlets outlining training procedures is given to the parents. They are shown videotapes of other parents working with their children who have similar problems. The parents learn how to take behavioral data and may observe a class or assist a teacher directly to learn about the program's techniques.

Usually, the mother agrees to participate five mornings a week working with her child and with other families during the active treatment period. In addition, the parent makes a commitment to the program to provide services after work with her child is completed.

RIP has several training modules, each with specific responsibilities: individual tutoring, generalization training, basic skills, preschool module containing four classrooms, and liaison. The modules and classrooms are each coordinated by a trained parent and are staffed by additional parents who provide systematic training for each new parent who enters the program.

The individual tutoring module is for children having developmental delays or language disorders. The generalization training module serves children with tantrums and behaviors disruptive to the family. The basic skills module serves developmentally delayed children and the preschool module is centered around four classrooms and focuses on the child's interaction with other children.

All children are initially assigned to the intake classroom where conceptual and behavioral performance levels are assessed. Then, on the basis of performance criteria, they may be transferred to one of three classes; language and community, toddler or basic skills.

The liaison module, the last stop for all RIP students; continues to provide services to a family once all treatment objectives have been met and parents have completed their six-month commitment to the program.

MATERIALS/COSTS: All necessary materials are provided by the program at no cost to parents. The average cost of the program per child is $2,955.00 per year. An economic analysis of the program shows that in serving ten families, RIP returned to the state at least $.66 worth of monetary benefits for each dollar expended, on behalf of all 158 program clients. The program saved the state $675,000 during 1962-1972 through the parent-implemented program when compared to the cost of delivering the same services by professionals alone.

AGENCIES INVOLVED: Unknown.

COMMENTS: The evaluation components are interrelated and demonstrate that RIP is efficient and accountable to the funding source and to the families being served.

It has expanded to four cities in Tennessee, to Hartford, Connecticut, and to Cleveland, Ohio. It can be replicated with proper staff and training of parents.

Child Advocacy County Agents for Children

George Peabody College for Teachers
J.F.K. Center for Research on Education and Human Development Institute
P.O. Box 43
Nashville, Tennessee 37203
(615) 327-8098

CONTACT PERSON: Floyd Dennis

AREA SERVED: Four rural counties in Tennessee

TARGET POPULATION: Children, 0-19 years old who are mentally retarded, crippled, learning disabled, emotionally disturbed, visually handicapped, deaf-blind, hard of hearing, speech impaired and multi-handicapped.

PURPOSE: The child advocacy program is designed to provide services for handicapped children in rural areas of the state.

EXPECTED RESULTS: To increase parental, family and community knowledge and understanding of child development training and awareness activities.

To develop individual citizen advocates.

SERVICE DELIVERY: The program disseminates information to the communities; raises the qulaity of child care by the parents through training; mobilizes volunteer groups and agencies; helps communities develop specialized programs; and secures volunteer advocates.

Measures of change in indices of child development are developed and recorded, e.g., dropouts, truancy, institutionalization, added training, school achievement gains, etc.

REGION V

Illinois - 1

Indiana - 1

Michigan - 1

Minnesota - 3

Ohio - 3

Wisconsin - 2

Parents and Preschool Partners

Rockford Public Schools
201 South Madison Street
Rockford, Illinois 61101
(815) 968-0871

CONTACT PERSON: Charlotte Hoffman

AREA SERVED: Rockford, Illinois

TARGET POPULATION: Prekindergarten children aged 4 years who are potentially learning disabled, educationally handicapped or educable mentally retarded.

PURPOSE: To provide early intensive intervention for preschool children with potential learning disabilities.

To teach parents of the children how to develop skills necessary for academic achievement.

To provide parents with child development and management techniques so that they may better know and understand their children's capabilities.

STAFF: Persons knowledgeable in child development and special education.

SERVICE DELIVERY: The children are screened for potential learning problems in the areas of language development, cognitive development and socio-affective behavior. Approximately 200 children who have been identified on the screening procedures as potentially learning disabled, educationally handicapped, or educable mentally retarded are selected for participation in the program. Subjects are drawn from a lower socioeconomic urban population. A program is developed to ameliorate learning problems in the children. In addition, a program is developed to teach the parents of the children how to develop skills necessary for academic achievement in these children. Parents are also taught child development and management techniques. The 200 children are post-tested on the developmental areas: language development, gross and fine motor development and socioaffective behavior. Pre- and post-testing results are compared. The Caldwell Cooperative Preschool Inventory is used.

MATERIALS/COSTS: Necessary materials are provided by the program at no cost to parents.

AGENCIES INVOLVED: Unknown.

COMMENTS: None.

Establishment of Services Demonstration Centers for Children with Specific Learning Disabilities

Ball State University
Special Education Department
2000 University Avenue
Muncie, Indiana 47306
(317) 285-6771

CONTACT PERSON: James Poteet

AREA SERVED: Northern School Corporations of Indiana

TARGET POPULATION: Ages 3-18 with specific learning disabilities.

PURPOSE: To provide for service needs of children at every level of their education career.

To provide training for parents, teachers and staff.

SERVICE DELIVERY: The Child Service Demonstration Center at Ball State University is designed to provide for service needs of SLD children 3-18 years of age. Children are screened and diagnosed with standard tests and diagnostic tools and within formal instruments developed for this program. Observation and rating scales are used to monitor progress; and pre- and post-test measures are taken of the child's self-concept, achievement level, attitude toward the education experience, and changes in parent-child relationships. The children are taught in mainstream settings and through tutorial instruction, which provide educational experiences in the cognitive, affective, and psychomotor domains of behavior, with special attention given to the areas of reading and math. Student volunteers are involved in the teaching process. There is training provided for parents, as part of a home-intervention facet of the program, and for teachers and staff.

MATERIALS/COSTS: No materials or costs are indicated.

COMMENTS: The model is such that it can be disseminated for replication.

The Community Training Home: A Promising Dimension in Foster Care

Macomb-Oakland Regional Center (MORC)
16200 Nineteen Mile Road
Mt. Clemens, Michigan 48044
(313) 286-8400

CONTACT PERSON: Jane Dewey

TARGET POPULATION: Children and adults who are severely and profoundly mentally handicapped.

AREA SERVED: Macomb and Oakland Counties, Michigan

PURPOSE: To provide training to potential foster care providers for the severely and profoundly mentally handicapped person, thus precluding the need for placement in an institution.

EXPECTED RESULTS: Upon completing the training program, the potential foster parents will be licensed and have a client placed into their homes.

STAFF: The multidisciplinary staff of the facility are all involved in training the potential foster parents.

SERVICE DELIVERY: Foster parents are actively recruited by staff using a number of methods, but "none has proven so consistently effective as the classified ad." The message communicates the advertisement is for a job and not benevolence. As a result, 65% of all new foster parents continue to be recruited by this same technique.

The education/training requirements for foster parents operating community training homes calls for their participation in in-service and continuing education programs. The former encompasses from five to eight sessions, of approximately three hours each.

The responsibilities of the foster parent go beyond the usual room, board and supervision. In the MORC program, there is an entirely new set of expectations. This refers to "training within the home given by the foster parent to the client resident" and is known as "in-house programming" The focus of training is determined by the individual needs of the resident and must be complimentary to other active programs.

When the client is placed in the home, the foster parent implements the plan of action decided upon by the team and carries on the training program with monitoring by the case manager who visits the home frequently and by the monthly reports showing progress, etc.

In order to assure a clear understanding of responsibility, a contractual agreement is drawn between the agency and the foster parents. It includes all areas of service to be rendered the client and purchased by the agency. Time to be spent on specific habilitative objectives are part of the contract. It is renewable on a yearly basis.

Foster parents receive Supplemental Security Income (SSI) for room, board and supervision costs for all Macomb-Oakland clients depending upon the level of need.

MATERIALS/COSTS: Materials used for all facets of the training as well as monthly progress report forms and the Community Training Home Packet for the foster parents are provided by the Facility.

AGENCIES INVOLVED: None, other than the Regional Center.

COMMENTS: Each foster parent is given an evaluation sheet to complete at the end of the training program. In addition, the case manager holds conferences with the foster parents regularly for evaluative purposes.

Training programs are held every two months for new groups of potential foster parents. A similar program is offered to newly hired group home staff.

In addition to this initial training program, monthly meetings for foster parents are held where new information and further training is provided.

Systematic Training for Effective Parenting (STEP)

American Guidance Service, Inc.
Circle Pines, Minnesota 55014

TARGET POPULATION: Any child. Originally for the non-handicapped, but it has been found helpful for parents of children with a disability.

PURPOSE: STEP is a nine-session parent study group program that presents a thoughtful, realistic approach to the rearing of children in a modern society. The program teaches principles of parent-child relationships that promote responsibility, self-reliance, cooperation, mutual respect and self-esteem.

EXPECTED RESULTS: Group members consider realistic alternatives to problem situations and receive support from each other as they try out these alternatives with their own children.

STAFF: STEP can be led by persons trained in the helping professions or by lay persons who are able to facilitate group discussion. The "Leader's Manual" offers complete information and detailed guidelines for organizing and leading STEP study groups.

SERVICE DELIVERY: Each STEP session is organized around prerecorded cassette presentations of typical family problem situations, followed by participants comments and a narrator's analysis of the challenges presented. The principles illustrated in the recordings are clarified and extended through readings and exercises in a "Parent's Handbook"; through messages on colorful posters; and through procedures outlined in a concise "Leader's Manual". These materials work together to present new ideas and practical approaches to the challenges of raising and enjoying children.

Between sessions, participants are asked to do a small amount of reading in the "Parent's Handbook" and to practice the new techniques with their own children.

During the sessions, participants have an opportunity to describe their experiences with the new techniques and discover that their problems are shared by others. The program emphasizes that parents are not necessarily the "cause" of difficulties with their children and that changing patterns in parent-child relationships take patience and practice.

The main topics of the nine STEP sessions are: Understanding Children's Behavior and Misbehavior; Understanding How Children Use Emotions to Involve Parents . . . The "Good" Parent; Encouragement; Communication: Listening; Communication: Exploring Alternatives and Expressing Your Ideas and Feelings to Children; Developing Responsibility; Decision Making for Parents; The Family Meeting; Developing Confidence and Using Your Potential.

MATERIALS/COSTS: The STEP Kit includes introductory cassette, invitational brochures (50), the "Leader's Manual", the "Parent's Handbook", instructional cassettes, discussion guide cards; posters, charts and carrying case. The complete kit is $68.00. Items may be purchased separately.

COMMENTS: Staff in one agency advises that this program has been used effectively with the parents of the handicapped.

UNISTAPS Project Oriented Noncategorical Program for Severely Handicapped

Minnesota State Department of Education
550 Cedar Street
St. Paul, Minnesota 55101
(612) 296-5605

CONTACT PERSON: William Northcott

AREA SERVED: Minneapolis

TARGET POPULATION: Children 0-5 with severe handicaps via sensory defects, physical dysfunction and mental retardation.

PURPOSE: To examine the interlock between public school and community services in state and regional health care, welfare and mental health care.

To provide technical assistance to key personnel.

EXPECTED RESULTS: To develop and implement a family-oriented noncategorical model of delivery of service.

SERVICE DELIVERY: UNISTAPS is an acronym denoting the active involvement of the University of Minnesota, State Department of Education and Minnesota Public Schools. It enables the State Department of Education to offer "State Guidelines: Preschool Educational Programs for the Handicapped", a state level training program and technical assistance to key personnel in Minnesota who serve preschool and handicapped children, including professionals, paraprofessionals, parents, and allied resource specialists in health, education and welfare. Agreement on the rules and responsibilities of public and private interactors/facilitators whose multidisciplinary team members are providing early childhood services is sought.

The laboratory program multidisciplinary staff has designed, developed and implemented a family-oriented noncategorical model of delivery of services for young and severely handicapped children aged 0-5 years, their parents and siblings.

The Minneapolis Public Schools assumes a primary role for providing educational services and in acting as the lead community agency in coordinating with other agencies in comprehensive programming for children enrolled.

The individually prescriptive educational program for the preschool child and his family serves children with severe sensory defects and physical handicaps and mental retardation. Sixty-five children are currently in the project.

MATERIALS/COSTS: No cost indicated for parents.

AGENCIES INVOLVED: Health, mental health and educational agencies.

COMMENTS: Program can be replicated.

Handicapped Children's Early Education Program

St. Paul Public Schools #625
360 Colborne Street
St. Paul, Minnesota 55102
(612) 690-3995

CONTACT PERSON: Susan Middleton

AREA SERVED: St. Paul, Minnesota

TARGET POPULATION: Children 0-4 years old, with the following disabilities: mental retardation, hard of hearing, deaf, speech impairments, visual impairments, learning disabled, emotionally disturbed, crippled, and multihandicapped, who require special education and related services.

PURPOSE: To provide comprehensive educational services for handicapped children and their families who reside in public housing.

To demonstrate the cooperative efforts involving special education, vocational education, the local county welfare department, and other pertinent community public and private agencies.

SERVICE DELIVERY: The program provides the following services to the child and his family: 1) An initial comprehensive evaluation of the child's health, behavior, level of development, and needs which results in a set of recommendations for suitable placement and/or home activities to meet the needs of the child and his family; 2) a diagnostic activities program in a classroom setting 3) a home activities program ;4) an organization composed of the families of the handicapped children involved in these programs; 5) parent counseling and adult program concerned with such areas as family relations and child development, health and nutrition; 6) coordination and advocacy in relation to needed community services; and 7) medical referral and follow-up by nurse-practitioner. The progress of all children served in the program is measured by pre- and post-tests more or less continuously throughout the year.

In-service training is developed in accord with individual needs.

AGENCIES INVOLVED: Community education, welfare, rehabilitation and health agencies.

COMMENTS: Evaluation of the program includes program and curriculum assessment in relation to its efficiency and effectiveness; and an assessment of child development progress or lack thereof. Replication activities include newspaper articles, slide-tape presentations, educational TV coverage, and preparation of a project handbook.

Educational Intervention beginning in Neonatal Care Units

University of Cincinnati
College of Medicine
231 Bethesda Avenue
Cincinnati, Ohio 45267
(513) 872-5341

PROJECT DIRECTOR: Earladeen Badger

AREA SERVED: Cincinnati, Ohio

TARGET POPULATION: Age: Low birth weight infants 0-2 years.
Disabilities: Developmental Disabilities.

PURPOSE OF PROGRAM: To coordinate the efforts of medical, educational and social work personnel in developing a service model that helps prevent or limit the extent of developmental disabilities. The objectives of the project are:

1) Identification and recruitment of high-risk mother-infant pairs;
2) Modification of the environment of the intensive care nursery so that premature infants are guaranteed life-defining mother care;
3) Development and implementation of a program for mother-infant interaction within intensive care nursery;
4) The evaluation of the program by looking at the quality of maternal behavior and its affect on the physical, mental and socioemotional development of the infant;
5) Development of an early intervention effort which features continuity of services from 0-5 years through a referral system from a medical center to newly

6) Training for medical, nursing and graduate students.

STAFF REQUIRED: Multidisciplinary staff

SERVICE DELIVERY: Approximately 40 children identified in neonatal intensive care units for handicapping conditions are being served. Each child is assessed to identify developmental problems which provides the basis for an individually prescribed stimulating program for each child.

MATERIAL REQUIRED: None indicated.

COST OF PROGRAM: No charges to parents indicated.

INVOLVEMENT OF FAMILY: No information.

EVALUATION BY PARENTS: No information.

AGENCIES INVOLVED: None.

CAN PROGRAM BE REPLICATED: yes

COMMENTS: This describes the role of a university medical center to identify handicaps in the newborn.

Young Children with Special Needs (A Video-Tape Series)

Charles Merrill Book Company
1300 Alum Creek Drive
Columbus, Ohio 43216
(614) 258-8441

CONTACT PERSON: Tom Hutchinson, Editor for Special Education, College Division.

PURPOSE: Enhance the possibility that substantially disabled children ages 0-5 will enter the educational service system. Enhance the possibility that these same children will enter all other available supportive service systems in their community.

Provide instruction for parents of children with developmental disabilities and other persons concerned with or directly involved with the education and welfare of these children to insure maximal opportunities for learning and development commensurate with the child's potential.

Increase the competencies of parents and pre-service and in-service teachers to better facilitate developmental educational programs.

STAFF: A person knowledgeable in developmental disabilities who can lead discussions and provide direction.

SERVICE DELIVERY: The fifteen film components, approximately one-half hour in length, have been planned to answer the following questions: (1) What groups of children are considered to have developmental disabilities? (2) What services and facilities are available to them? (3) What are the developmental potentials of such children? and (4) What constitutes "education" for them?

For each component in the Videotape Series, there is a brochure, giving a general description of the topic and sources for additional information.

The programs in the series are as follows:

Program 1 An Introduction to Developmental Disabilities
Program 2 Children at High Risk
Program 3 Who Can Help?
Program 4 Diagnosis, Assessment and Remediation
Program 5 Community Resources
Program 6 How do Children Learn?
Program 7 Motor Development
Program 8 Language Development
Program 9 Concept Development
Program 10 Self Help Skills
Program 11 Social and Emotional Development
Program 12 Children's Play
Program 13 Family Life
Program 14 Health, Safety and Nutrition
Program 15 Parents of Children With Special Needs

MATERIALS/COSTS: The film components may be shown on public television.

COMMENT: With closer understanding among parents, professionals and paraprofessionals, a continuous environment for learning can be provided for the child.

Early Education for Multihandicapped Institutionalized Children

Kent State University
Kent, Ohio 44242
(216) 672-2070

CONTACT PERSON: Jeanette Reuter

AREA SERVED: Neighboring Kent State University

TARGET POPULATION: Young children who are mentally retarded and have multihandicaps.

PURPOSE: To evaluate children in a resident setting.
To help the children to achieve maximum potential.
To train the children using a developmental approach.
To train staff to function as paraprofessionals in an early education program.
To involve parents of the children in training.
To develop self-help habits in the children.

STAFF: Persons knowledgeable in child development and special education.

SERVICE DELIVERY: This program consists of two parts. The first is evaluating the developmental potential of each child in the institution. The second, a structured program, aids in physical social and cognitive growths and allows the children to achieve their maximum potential in an institutional setting through a sequential curriculum. Subordinate objectives involve the development of in-service training programs for teachers, WAPD aides, volunteers, and undergraduate tutors to enable them to function as paraprofessionals in an early education program for retarded, handicapped young children in a residential treatment center or day care setting. Also, a program is being developed to involve parents of the children.

The targeted population is 18 multihandicapped trainable mentally retarded children aged 0-5 years. The developmental curriculum includes teaching toys and devices useful for training retarded severely handicapped young children. The operating objective is to tutor the children to develop effective self-help habits. The primary function of this first year of the program is demonstration and service. A developmental screening program is being instituted. Target children are being identified, and behavior modification is included in the "curriculum" designed for each child. A screening inventory and an interview/questionnaire of the nurses and aides who know each child are given. Two standard scales are being used for more intensive assessment. Instruments used are Denver Developmental Screening Test, Bayley Scales of Infant Development and Minnesota Child Development Inventory.

MATERIALS/COSTS: Materials are provided by the program. The cost to parents is unknown.

AGENCIES INVOLVED: Local service agencies and the institution are involved.

COMMENTS: The program is replicable.

Comprehensive Training Program for Infants and Young Cerebral Palsied Children

Curative Workshop of Milwaukee
10437 W. Watertown Plank Road, Box 7372
Milwaukee, Wisconsin 53226
(414) 257-5100

AREA SERVED:	Milwaukee, Wisconsin
TARGET POPULATION:	Infants and young children with cerebral palsy.
PURPOSE:	To provide information regarding pre-speech therapy and language stimulation to the staff servicing cerebral palsy children. To provide information regarding the improvement of the knowledge ,attitudes and therapeutic skills of parents of the children.
SERVICE DELIVERY:	Three areas of services are being provided: 1) Written information on pre-speech, language, stimulation and parent participation; 2) workshops regarding the above areas; and 3) direct consultation in these areas. Thirty-five cerebral palsied children one month to three years are receiving direct training to inhibit immature oral reflexes and facilitate appropriate feeding responses. Another group of 25 cerebral palsied children, aged one to three years, are receiving combined individual and group therapy in order to stimulate the use of meaningful language. Individual and group counseling services are available to parents and family members; parents are provided with therapeutic materials and equipment to be used

in their role as home therapists.

Curriculum materials are being refined in a language stimulation program in order to ensure most effective use of therapy time in the home.

Related services available to the children through the project include physical and occupational therapy and psychological and social services.

COMMENTS: The usefulness of the various test instruments and the project itself are being evaluated.

The Portage Project (CESA #12)

P.O. Box 564
Portage, Wisconsin 53901
(608) 742-5342

CONTACT PERSON: David E. Shearer

AREA SERVED: South-Central rural Wisconsin with replication sites throughout the nation.

TARGET POPULATION: Multicategorical handicapped children functioning between birth and six years of age are served.

PURPOSE: To provide an intervention program for preschool handicapped children and to directly involve the parents in the educational process.

To teach parents to select and carry out learning objectives for their child.

To meet the educational needs of these children by providing them with an individualized prescriptive curriculum.

EXPECTED RESULTS: It is expected that parents can learn to teach their own children and this effort will continue when these children are placed in classroom programs. Also, the children will meet their maximum potential due to early childhood education and in some cases, alleviate developmental problems prior to entry into regular school programs.

STAFF: Three full-time professional or paraprofessional teachers and one master teacher who holds supervisory responsibility for the program. These teachers receive one week of intensive preservice training and throughout the remainder of the program year meet in weekly one day inservice and staffing sessions.

SERVICE DELIVERY: Children are referred to the project by local physicians, social workers, county health nurses, public schools, local guidance clinics, and speech therapists. Public service announcements on local radio stations and newspaper articles bring additional referrals from many parents. Upon referral, a home teacher assesses the child to determine the child's present functioning level. The results of the assessment are presented to local school district multidisciplinary teams to determine if the child is in need of an early childhood program. Once enrolled, the child is provided with a curriculum based on his present behavior. The home teacher first determines what the child can do and subsequently prescribes the tasks that the child can learn next. These tasks are broken into small steps to insure that the child will accomplish the goal within a one-week period of time. The staff has devised a curriculum guide, The Portage Guide to Early Education, to facilitate individualization of programs for the child. The Guide includes three parts:

a) A Manual of instructions
b) A checklist of behaviors from birth to six years of age in five developmental areas (cognitive, language, self-help, motor, and socialization), and an infant stimulation section.
c) A set of Curriculum Cards to match the 580 behaviors stated in the Checklist. The Cards contain suggested

strategies and materials for teaching the behaviors. Parents are encouraged to participate in the planning and implementation of the child's curriculum. They are taught how to carry out the prescribed activities and record their child's progress. Through the use of *The Portage Parent Program*, a set of readings and activities for parents, parents are taught specific teaching skills. By learning the information and skills included in the Parent Program, parents will not only participate more actively and meaningfully in the teaching process, but will also acquire a set of skills which will help them teach their children and manage their behavior when the home teacher is no longer acting as a service provider. The home teacher enters each child's home with three to four prescriptions and any materials not readily available in the home required to carry out these activities. The task is demonstrated to the parent as the teacher works with the child and records his initial performance on each task. Then the parent works on the activity with the child as the teacher observes and supplies the parent with additional teaching information and assistance. The parent works with the child daily on the prescribed activities and records the child's performance. When the home teacher returns the following week she records the child's performance as she tests him on each activity to assure that the child has mastered the tasks.

MATERIALS/COSTS:	*Portage Guide to Early Education*	$32.00
	Additional packets of (15) checklists	6.00

Portage Parent Program	
Instructors Set	$10.00
Parent Readings and Inventories (5)	18.00
Portage Guide to Home Teaching	3.95
Portage Project Book of Readings	No charge

AGENCIES INVOLVED: Though the Portage Project direct services operate under the auspices of the local public schools, it works cooperatively with other service agencies involved with the families (i.e., medical and diagnostic clinics, social services, mental health agencies, and Head Start).

COMMENTS: Parents have been able to generalize the skills they have learned with the child enrolled in the program to brothers and sisters of the child. On measures of parental performance, parents have demonstrated that they have gained both knowledge and skills through participation in the program.

The Portage Project has demonstrated through its own direct services and the replication sites it has trained that through this model, young handicapped children and their parents can gain skills. The Portage Project Outreach section, funded by the Bureau of Education for the Handicapped, is available to provide training to interested agencies.

The Portage Project received unanimous approval by the U.S. Office of Education Joint Dissemination and Review Panel in 1975 as an easily replicable and valuable program for the delivery of services to young handicapped children.

REGION VI

Louisiana - 1

New Mexico - 3

Oklahoma - 1

Texas - 3

North Central Louisiana Model Preschool Program for Handicapped Children

Louisiana State Department of Education
Special Educational Services
P.O. Box 44064
Baton Rouge, Louisiana 70804
(504) 389-5596

CONTACT PERSON: Gertrude Simonton

AREA SERVED: North Central Louisiana

TARGET POPULATION: Children 3-5 years old, who are mentally retarded, emotionally disturbed, learning disabled, physically handicapped and have speech handicaps.

PURPOSE: To implement a model preschool program for young handicapped children.

EXPECTED RESULTS: The program reflects and serves the needs of a rural and economically depressed region. It expects to develop a network of cooperating local, regional and state agencies and groups to provide comprehensive support services; to provide basic instructional services in a school environment; and to demonstrate that the program is sufficiently flexible to allow incorporation of a variety of instructional approaches.

SERVICE DELIVERY: The project staff is completing 1) the language development curriculum to be used in the model program; 2) the social and self-help skills curriculum to be used in the model program; 3) the motor-perceptual skill development. curriculum; and 4) the school readiness curriculum. In-service training is an on-going feature of the project. A parent-family participation component provides an opportunity to modify parents behavior and attitudes towards their child. Monthly training activities with the parents focus on behavior modification techniques, home activities for handicapped children, and resources available for handicapped children. Parents are encouraged to do volunteer teacher aid in the project.

AGENCIES INVOLVED: Educational, health, social, etc.

COMMENTS: Children are assessed by rating scales to determine progress.

Program can be replicated.

Laguna Pueblo Special Education Project

Pueblo de Laguna
Box 194
Laguna, New Mexico 87026
(505) 242-1724

PROJECT DIRECTOR: William Leeds

AREA SERVED: Laguna, New Mexico

TARGET POPULATION: Age: 0-26 years

Disabilities: mentally retarded, both educable and trainable, learning disabled, speech handicapped, deaf, blind and emotionally disturbed.

PURPOSE OF PROGRAM: To provide a comprehensive special education program for handicapped Indian reservation students. To help deinstitutionalize some students and to train parents to care for their handicapped child.

SERVICE DELIVERY: This program identifies these handicapped children, trains and integrates them into the schools and the whole community. In some cases, educable children are brought back from state institutions to receive this training and their families are helped to care for them.

The families of the handicapped children are trained to provide care and help for them.

An individual educational plan is written for each student upon entering the program.

Aspects of the program include:

1) an infant stimulation program
2) A sheltered workshop project for persons who have reached young adulthood and/or have single or multiple

physical handicaps and have not received services, or have received inadequate services.

3) a "big brother" project to involve the youth of the community.
4) a structured vocational program
5) a training program for social and self-help skills
6) special and physical therapy
7) a home-bound program
8) increased parent/community involvement

Evaluation is assessed by determining if the developmental goals have been obtained by participation of the students' families, and by outside evaluator.

MATERIALS REQUIRED:	Provided by the program.
COST OF PROGRAM:	No charges indicated for parents.
INVOLVEMENT OF FAMILY:	Parents participation encouraged and urged
EVALUATION BY PARENTS AND OTHERS:	Outside evaluator used.
AGENCIES INVOLVED:	Community agencies and state MR institution
CAN PROGRAM BE REPLICATED:	Yes
COMMENTS:	Program appears to have good linkage.

Educational Reform Through Parent Involvement and Special Needs Project

Ramak Navajo School Board
Educational Division
P.O. Box 248
Ramah, New Mexico 87321
(505) 783-5901

PROGRAM DIRECTOR: James Moss

AREA SERVED: Ramah, New Mexico - school area.

TARGET POPULATION: Age: Pre-school to grade 12 age levels.
Disabilities: children at high risk, exceptional children.

PURPOSE OF PROGRAM: To identify and meet the unfulfilled needs of exceptional children and to increase the degree of parental involvement.

STAFF REQUIRED: Personnel skilled in diagnostic and assessment techniques and childhood education programs.

SERVICE DELIVERY: This project has two components:

1) To identify and meet the unfulfilled needs of exceptional Navajo children. A complete range of diagnostic and instructional services is implemented. Staff skills are developed that include the development of observation based competencies for early pre-diagnostic identification of possible special needs based on group tests, pre-entry identification of probable high risk children and observation of classroom adaptive behavior.

   Procedures include screening for vision, hearing and speech, as well as individual psychological, educational and adaptive evaluation when appropriate. A specific plan for meeting the needs of exceptional children is developed using multidisciplinary personnel.

There are 536 children in this component who are pre- and post-tested (age range -- pre-12 grade)

2) The second component is designed to increase the degree of parental involvement and to provide supplementary education services to the same 536 students.

There are three primary and three secondary subparts;

1. increasing parental involvement by an early childhood development program,
2. parental involvement program (PIP)
3. community recreation program.

A parent/teacher resource room is staffed by parents who give student instruction in native American skills. In the early childhood program, parents and staff work together with 2-5 year olds. The recreation program involves out-of-school activities such as field trips.

A career education program is provided for secondary level students. A special education program is also provided for high-school students that involved learning consumer skills and taking field trips. The third subpart is in coordination with other Federal programs.

Bilingual students receive bilingual instruction.

Parent education in child care, childhood development, health and nutrition is provided.

Students are pre-and post-tested. The results are disseminated.

Students in the early childhood program receive nutritious meals. Language development and cognitive skills are stressed throughout.

MATERIALS REQUIRED:	Provided by project.
COST OF PROGRAM:	No charges to parents indicated.
FAMILY INVOLVEMENT:	Parents urged to participate. No mention made of siblings or other family members.
EVALUATION BY PARENTS:	No information given.
AGENCIES INVOLVED:	Local education, health and social agencies as needed.
CAN PROGRAM BE REPLICATED:	Yes

Academic Vocational Program for Severely Handicapped Navajo Children

A School for ME, Incorporated
P.O. Box 273
Tohatchi, New Mexico 87325
(505) 733-2201

PROGRAM DIRECTOR: George Holt

AREA SERVED: Tohatchi, New Mexico

TARGET POPULATION: Age 5-25 years.
Disabilities: Trainable mentally handicapped.

PURPOSE OF PROGRAM: To provide a program for handicapped Navajo children who need a controlled environment. To train the parents and siblings of these children so that they can provide support and training for them during home visitations by the students.

STAFF REQUIRED: Special education staff.

SERVICE DELIVERY: This project is concerned with 50 trainable mentally handicapped Navajo children aged 5-25 years, who cannot function without a controlled environment and those with physiological problems involving speech, motor control, visual and auditory problems, learning disabilities and attention span.

When the students first enter the school, they begin an intensive three week period of evaluation and are assessed by many instruments. Once accepted, the student has an individual educational prescription prepared in all areas of instruction, such as motor, academic, self-care, math, social, career awareness, and vocational habilitation.

The parents receive training in behavioral control techniques: and both parents and siblings of the student receive training in the area of skills development that can be continued during home visitation by the student.

Navajo language and culture are also emphasized throughout the program.

MATERIALS REQUIRED: Provided by the project.

COST OF PROGRAM: No charge indicated for the family.

FAMILY INVOLVEMENT: Parents encouraged to participate. Parents and siblings trained to act as care-givers for the child.

EVALUATION BY PARENTS AND OTHERS: A number of instruments are used to assess program and the progress of the children.

AGENCIES INVOLVED: None indicated.

CAN PROGRAM BE REPLICATED: Yes

COMMENTS: None.

Homestart Project

Kichapoo Tribe of Oklahoma
Early Childhood Development
P.O. Box 58
McCloud, Oklahoma 74851
(405) 964-2071

PROJECT DIRECTOR: Bob White

AREA SERVED: Kichapoo Tribe
McCloud, Oklahoma

TARGET POPULATION: Age: Birth through eight years
Disabilities: Developmental disabilities, developmental delays or learning disabilities.

PURPOSE OF PROGRAM: To provide a home-based early intervention and child development program.
To improve the child's home adjustment.
To provide training for the family.

STAFF REQUIRED: Personnel skilled in child development and special education.

SERVICE DELIVERY: The project provides a home-based early intervention and child development program designed for 40 children, birth through eight years, handicapped by developmental disabilities, developmental delays or learning disabilities. It is designed to improve the child's home adjustment and raise the child's achievement level from total dependence to preliminary independence.

The project's first activity is to screen Indian children for those with unmet special needs; those not served by the project are referred to other programs.

The family receives training in socialization skills, communication skills, gross and fine motor development and perceptual abilities as they relate to childhood development. Students are pre- and post-assessed to evaluate the program.

Children determined to be in need of further services continue to receive the services.

The family is considered to be an integral part of the home-based intervention.

MATERIALS REQUIRED: Provided by the project.

COST OF PROGRAM: No charge indicated to parents.

FAMILY INVOLVEMENT: All family members are involved.

EVALUATION BY PARENTS: Students are assessed by objective scales and instruments.

AGENCIES INVOLVED: No information available.

CAN PROGRAM BE REPLICATED: Yes

Pre-School and Follow-Up Program

American Indian Center
1314 Munger Avenue
Dallas, Texas 75206
(214) 826-8856

PROGRAM DIRECTOR: Clifford Kilpatrick

AREA SERVED: Dallas, Texas

TARGET POPULATION: Age 2-5 years
Disability

PURPOSE OF PROGRAM: To provide a variety of educational and psycho-social experiences for urban Indian children. To encourage the parents of these children to become home educators and to serve as volunteer teachers and counselors.

STAFF REQUIRED:

SERVICE DELIVERY: This is a preschool program which combines an open classroom and a readiness skills curriculum with Indian cultural activities to provide educational and psycho-social experiences for 150 urban Indian children.

The children are examined on a regular basis for health problems and dental needs; doctor and dentist visits including immunization are included in the pre-school. Parents are encouraged to participate both as home educators and as volunteer teachers and counselors. There are parent education classes for nutrition and hygiene. Individualized curriculum is developed.

Cooperation is established with other agencies to provide social services. A follow-up program is also included and dental records from the pre-school to the public school.

Supportive services such as tutoring, counseling, social and recreational activities and cultural enrichment are continued. Transportation is also provided.

The follow-up program provides services to 300 Indian youths aged 6-17 years.

Incorporated as an instructional technique is the integrated approach design (Harvard/Austin State University) which has four basic behavioral goals: autonomy, openess, problem solving ability and integrity.

MATERIALS REQUIRED: Provided by the project.

COST OF PROGRAM: No charges to parents indicated.

FAMILY INVOLVEMENT: Parents encouraged to participate.

EVALUATION BY PARENTS: No information available.

AGENCIES INVOLVED: Local social, health, dental, recreation etc. agencies.

CAN PROGRAM BE REPLICATED: Yes

COMMENTS: Program is applicable to handicapped and non-handicapped pre-schoolers.

Demonstration Training Center for Mentally Retarded Infants of Teenage Mothers

4100 Milam Southwest Freeway
Houston, Texas 77006
(713) 526-2871

CONTACT PERSON: James Hale

AREA SERVED: Houston area.

TARGET POPULATION: Mentally retarded infants.

PURPOSE: To render assistance and training to the teenage mothers of infants who are mentally retarded.

To identify mentally retarded or high risk mentally retarded infants of teenage mothers.

To develop a demonstration training center for the mentally retarded infants where intensive teaching designed to reduce their handicaps is being carried out.

To train the teenage mothers to stimulate and reinforce at home the skills acquired at the training center.

STAFF: Interdisciplinary

SERVICE DELIVERY: Objectives related to the teenage mothers include: 1) obtaining high school credit for their participation in the program; 2) establishing a pilot training program whereby participating teenage mothers would obtain a child care vocational license; and 3) increasing the knowledge of 60 teenage mothers in the areas of child development, handicapping conditions and child care.

The first six months of the project involve planning and coordination with other agencies, developing screening and curriculum instruments, and locating staff. During the second six months, 60 mentally retarded high risk infants of teenage mothers undergo an intensive training program based in an educational center. All socio-economic and ethnic groups are represented by the target population. The infants are screened for high risk and developmental status at three months of age. Each infant is being assessed for needs in the areas of language, cognition, self-help, gross and fine motor coordination. Further evaluations are obtained for infants with obvious deviances in specialized areas. Prescription programs for each infant is devised and carried out with parent participation. Evaluation involves pretesting of the infant and completing a parent attitude scale and an observational checklist of stimulation at home. Post-testing with the same instruments takes place at the end of the first year. Instruments used include Dever Developmental Screening Test, Gessell Developmental Schedules, Portage Project Checklist Performance Objectives for Preschool Children, Reel, Alpern-Boll.

MATERIALS/COSTS: Materials are provided at the Center. No charges are indicated.

AGENCIES INVOLVED: Unknown.

COMMENTS: The project is also establishing an interagency cooperative program for infant development, developing a handbook on screening procedures and curriculum, and disseminating project findings. It is replicable.

Developmental Education, Birth Through Two

Lubbock Independent School District
Special Education
1628 - 19th Street
Lubbock, Texas 79401
(806) 747-3838

AREA SERVED: Lubbock, Texas

TARGET POPULATION: Children, birth through 2 years, who are handicapped by physical, mental and emotional anomalies.

PURPOSE: To identify as early as possible handicapped children and their families.

To assist the parents to become their primary teachers.

To foster awareness, cooperation and coordination between the school and existing community organizations and services.

SERVICE DELIVERY: As soon as handicapped children birth through 2 years have been identified, staff begin to work with the parents to help them become teachers of their children.

A home teaching program for the parents of these children is implemented. In addition, services for those women who are more likely to bear high risk and/or handicapped infants because of age or socioeconomic factors or emotional factors are provided. This includes pregnant women in grades 7-12. These adolescent mothers also receive continuing education. An anticipated 1,000 children are born each year in Lubbock Texas with handicapping conditions. The project at present serves 30 babies and provides diagnosis for approximately 400 babies. Those not served are referred to other agencies.

MATERIALS/COST; No cost indicated.

COMMENTS: Program evaluation is carried out by analysis of developmental tasks and developmental scale by field testing. Historical analysis of curricula developed is also carried out. Daily logs are kept on home visits and visits to day care centers; staff analyses of all compiled data are collected; and information about the program is disseminated.

Program is replicable.

REGION VII

Iowa	3
Kansas	1
Missouri	1
Nebraska	2

Career Laboratories Utilizing Experience

Des Moines Independent Community School District
1800 Grand Avenue
Des Moines, Iowa 50307
(515) 265-2302

CONTACT PERSON: Diane Finley

AREA SERVED: Des Moines, Iowa

TARGET POPULATION: Adolescents with severe learning disabilities.

PURPOSE: To demonstrate a model service program for severely learning disabled adolescents in the Des Moines Public Schools.

EXPECTED RESULTS: Develop work-oriented and survival coping skills in students.
Involve parents and the community to provide guidance and occupational/community service experience.
Dissemination and replication of the model.

SERVICE DELIVERY: The project directly serves 50-60 students in 3 career laboratory situations. Classroom instruction centers around mini-courses stressing basic academic, occupational-related and socio-emotional coping skills. An integral part of the program is to involve parents and the community in guidance of the program as well as in occupational experiences.

MATERIALS/COST: No cost to parents.

COMMENTS: Program can be replicated.
Parents are encouraged to participate.

Parent Action in Childhood Education (Project PACE)

Area Residential Care, Inc.
2909 Kaufmann Avenue
Dubuque, Iowa 52001

CONTACT PERSON: Jill Crozier

AREA SERVED: Iowa Counties of Dubuque, Delaware. Jackson and Clayton.

TARGET POPULATION: Children, 0-6 years old with developmental disabilities.

PURPOSE: To design a program to serve pre-school children with disabilities and their families.

To help parents to become teachers of their own children.

To assist professional workers efficiently and dramatically to promote the concepts of deinstitutionalization and normalization of children with varied disabling conditions.

EXPECTED RESULTS: Disabled children should make gains in the five developmental areas of academics, socialization, speech, motor skills and self-help skills, under the guidance of their parents as teachers.

STAFF: One PACE hometeacher for every 10 pupils.

SERVICE DELIVERY: The PACE hometeacher visits each of her 10 pupils at home for 1.5 hours each week, bring in one to five lessons plans and learning materials with her. Each lesson has a clear behavioral goal and provides concise teaching instructions to the parent.

The lessons are printed on activity charts which also have space for the parent to describe the child's learning behavior each day.

The teacher explains the activity to the parent, demonstrates how to teach the lesson, then observes the parent teaching her child, offering suggestions and support. Parents continue the teaching and maintain the learning charts throughout the remainder of the week.

The lessons concentrate on one or more of five areas of development. The time is minimal and flexible to teach the activities. Fifteen minutes to one-half hour a day is average, but parents may request more or fewer activities depending upon their free time.

The hometeacher's job does not end with home visits. She responds to questions, brings the agency's therapists (speech, physical, music, behavior) into the home as consultants when necessary and suggests and provides books and articles for parents to read.

A major part of the hometeacher's job is to accompany the parents and the child on consultation visits to diagnostic centers and physicians offices, where she can interpret, provide support, help to clarify, raise questions and help to implement professional recommendations.

She is also in a position to explore other educational opportunities for the disabled child as he nears school age, offering suggestions for placement and programming to parents and school personnel.

MATERIALS/COSTS: The usual facilities and features found in the home are used. Fees are on a sliding scale, depending upon the family size and income, under the financial eligibility requirements of the Iowa Department of Social Services.

AGENCIES INVOLVED: Twice a year PACE distributes project information to towns in the four counties telling professionals, school personnel, local merchants, laymen, and individuals about the program. Public service announcements on radio and TV as well as newspaper articles, and a mini-slide show for presentation to professionals, social, civic groups and students.

COMMENTS: PACE data shows children are making considerable progress -- more so than if they had not participated in the project. It has also shown that parents can become excellent teachers of their own children.

This program could easily be replicated in any community.

Parent-Child Home Stimulation

Marshall-Poweshilk Joint County System
9 Westwood Drive
Marshalltown, Iowa 50158
(515) 752-1578

CONTACT PERSON: John D. Montgomery

AREA SERVED: Marshall-Poweshilk Joint County System

TARGET POPULATION: Children 0-6 years, who are mentally retarded, learning disabled, emotionally disturbed, speech impaired, crippled and aurally handicapped.

PURPOSE: To provide parent involvement and in intervention program utilizing the home environment for multiply handicapped and educationally deprived children.

To provide 1) seven preschool programs for small children; 2) a parent group education program, including development of a curriculum for use with parents; 3) a parent at-home educational program; 4) assessment/referral including coordination of available services and dissemination of assessment techniques to appropriate agencies; and 5) consulting services for community-based preschool programs and pre-service training.

EXPECTED RESULTS: The main thrust of the program is directed towards helping parents become more effective first teachers.

STAFF: Special educators.

SERVICE DELIVERY: Evaluation of program effect on children's abilities includes pre- and post-assessments as well as teacher/parent comments.

Evaluation of the parents' program includes pre- and post-testing of parents' acceptance of the child. An instrument is developed by the investigators.

MATERIALS/COSTS: Instruments used are Slosson Intelligence Test (3231), Alpern Boll (Development Profile), Stanford-Binet Intelligence Scale, Marshalltown Behavioral Development Profile.

The cost to parents is unknown.

AGENCIES INVOLVED: Unknown

COMMENTS: Program is replicable.

Special Classrooms

University of Kansas
Bureau of Child Research
Lawrence, Kansas 66045
(913) 864-4295

CONTACT PERSON: B.L. Hopkins

AREA SERVED: Lawrence, Kansas

TARGET POPULATION: Handicapped preschool and school-aged children.

PURPOSE: The program focuses on the development of teaching strategies for instructing combined groups of normal and handicapped children and on teacher intervention strategies for accelerating social interaction rates between normal and handicapped children in the play sessions.

SERVICE DELIVERY: Research at the Juniper Garden's Children's Project focuses on improving social and academic behavior in special classrooms. It includes: 1) an investigation of the effects of several reading tutoring procedures on in-class reading performance; 2) development of procedures to record the duration and rate of responding by students in math classes in inner-city schools; 3) investigation of the effects of public performance by providing feedback to teachers regarding their teaching behavior and the behaviors of their pupils; 4) investigation of the effects of teaching parents and teachers to use applied behavior analysis techniques to bring about improved social and academic performance of exceptional children; 5) an investigation of procedures to train paraprofessional mental health workers to diagnose and provide remedial education for inner-city pupils with severe learning deficits, and 6) an assessment of providing pupils with increased opportunity to make academic responses.

MATERIALS/COSTS: Materials are provided by the project. The cost to parents is unknown.

COMMENTS: Research program at present.
Cannot readily be replicated.

Reaching Out to Parents of Newly Diagnosed Retarded Children

St. Louis Association for Retarded Children
1240 Dantel Lane
P.O. Box 27480
St. Louis, Missouri 63141
(314) 569-2211

CONTACT PERSON: Jeff Basin, ACSW or Cathy Johnson, MSW

AREA SERVED: Greater St. Louis, Missouri

TARGET POPULATION: Newborn or newly diagnosed retarded children.

PURPOSE: To formalize a procedure to locate parents of newborn or newly diagnosed retarded children and introduce them to other parents of retarded children.

The goal of this parent-to-parent training is to intervene and assist the "new" parent in facilitating their process of relating effectively, productively and lovingly to their retarded child.

SLARC Staff on the on-going parent-infant training class discovered that parents of newborn or recently diagnosed retarded children:

1. are looking for "answers"
2. are generally uninformed about mental retardation
3. receive ill-timed or poor advice from many people
4. are unaware of community programs and services
5. may be anxious, depressed, isolated, feel guilty and alone
6. want to talk and to be listened to.

This out-reach program to such parents would fill these gaps because the information would be coming from those who "had been there".

STAFF REQUIRED: Staff Coordinator to train volunteer parents, consult and develop programs and provide liaison to overall staff.

SERVICE DELIVERY: The recruitment of parent volunteers who are interested in reaching out to parents of newborn or newly diagnosed was initiated by letters from SLARC to the parents of children already enrolled in their programs, outlining the proposed activities. Other measures taken were letters to community service organizations working with the mentally retarded, telephone calls to prospective volunteers, news releases to the newspapers, plus radio and T.V. announcements.

The characteristics sought in the parent outreach volunteers included:

1. An acceptance of their handicapped child and some degree of healthy resolution of feelings within their family system.
2. An interest in devoting time to the actual parent-to-parent contacts as "new" families are referred.
3. A receptivity to participate in all the scheduled parent training sessions.
4. An open-minded attitude and tolerance of values and feelings which differ from their own.
5. An awareness of the universal reactions of having a handicapped child.
6. A willingness to consider helping parents whose child has a different diagnosis and/or prognosis than their own.

Parents who were selected filled out an information sheet which would be used to match new parents with volunteers. The average number of participants in the training group is 15, found to be effective for good interaction. There are four sessions, each lasting 2 1/2 hours, with hand-outs and audio-visual aids as needed. The content and structure of these sessions are as follows:

SESSION I

I. Introductions

   A. Group leader(s) introduce self and welcome parent outreach volunteer group.

   B. Brief introduction to the Parent Outreach Program; its history; the parent outreach philosophy and program; roles of parent volunteers and agency staff; goals and procedures.

   C. Group leader requests that each parent or parent couple introduce self and give a brief statement about how they found out about the Parent Outreach Program and share with the group their interest in the program.

II. Presentation and discussion of the reason for training, stressing the joint focus of information and self-evaluation.

   A. To provide accurate information about:

      1. Mental retardation/developmental disabilities.
      2. National organizations and community agencies; their programs and services.
      3. Current available written resources.

B. To develop good interventive and listening skills to be used in the parent-to-parent contacts as well as the ability to recognize when a referral to a professional resource is necessary.

C. To assist participants in self assessment and evaluation regarding:

   1. Their own feelings and experiences in parenting a handicapped child.
   2. Their ability to effectively carry out the parent-to-parent contact.

III. Overview of the 4 training sessions.

A. Statement about time, duration and location of meetings.

B. Statement of expectation that participants will attend all four sessions (if attendance at any meeting is impossible, the volunteer is required to arrange an individual contact with the coordinator).

C. Explanation of training format; combination of lecture and volunteer participation in small group discussion, role play and problem solving.

D. Statement of participants responsibilities to read all materials distributed to better prepare them to actively participate in subsequent sessions.

IV. Discussion of the concept of mental retardation; a summary of facts and fictions about mental retardation stressing individual differences from child to child and family to family.

A. Small group exercises:

1. The larger group was divided into smaller groups of four to five members. Each group was asked to describe a mentally retarded person by compiling a list of descriptive statements. These lists were then shared with the larger group; similarities and differences were discussed.
2. The larger group was divided into smaller groups of four to five members. Each group was asked to compile a list of common myths and misconceptions about mentally retarded persons. These lists were then shared with the larger group with discussions of how these myths came about and how to educate people regarding the facts of mental retardation.
3. The larger group was divided into smaller groups of four to five members. Each group was asked to define mental retardation. These definitions were shared with the larger group.

B. The group leader then presented the various definitions and classifications of mental retardation that have evolved throughout the years, emphasizing the consequences of various labels.

C. A film "Readin' and Writin' Ain't Everything" was shown (See Chapter VIII: Stanfield House). The following points are some of the topics brought out in group discussion:

    1. Retarded people are people first.
    2. There is a wide variance in functional abilities among retarded persons.
    3. Parents' attitudes about having a handicapped child vary greatly.

V. Handouts

  A. At the close of this first session, a packet of information was given to each volunteer highlighting major points discussed in this session as well as pamphlets on general aspects of mental retardation, the agency's program and services booklet, brochures from other relevant community agencies, and the Parent Outreach Program brochure. Materials to be discussed at next session were also distributed.

SESSION II

I. The group leader began this session with a general presentation on reactions of parents finding out that their child has a handicap.

  A. There are various stages in the process of working through feelings about having a child who is retarded.
  B. All parents go through this, regardless of the nature of the child's handicap.
  C. Parents may not always realize or recognize their feelings.
  D. All feelings, even the most negative, are normal and must be acknowledged and discussed if resolution is to be achieved.

II. Discussion of previously assigned readings regarding the feelings commonly experienced in the process of resolving oneself to the reality of having a handicapped child (e.g. "Weird Times" from Perske Robert, New Directions for Parents of Persons Who Are Retarded).

III. Sharing of volunteers' own experiences; their feelings when they found out their child was retarded. This group discussion points out many similarities in experience, but to the surprise of many participants, it also exposed a diversity of reactions and feelings.

IV. Group leader summarized the session by emphasizing:

  A. The diversity of reactions of parents.

  B. The importance of remaining non-judgmental in the parent-to-parent contact.

  C. The importance of accepting "new" parents as people regardless of the particular feelings they may be expressing at the time of initial contact.

SESSION III

I. Introduction to community resources for mentally retarded people. A directory of programs and services available in the local area was distributed. Since each participant has their own agency affiliations, all major services were discussed so that all volunteers could become aware of the variety of programs available.

II. Presentation of the programs and services of sponsoring agency (St. Louis Association for Retarded Children), emphasizing the Parent-Infant Stimulation program, pre-school classes, and social services offering family counseling and parent education.

III. A presentation by representatives of the St. Louis Regional Center for the Developmentally Disabled (the local funding body for most services to retarded people other than public school programs).

IV. Discussion of the community service network and the best way to determine how to get the "new" family involved with the program best suited to their needs.

SESSION IV

I. Description of referral and outreach process with emphasis on follow-through.

II. Discussion of matching "new" and "veteran" parents.

III. Discussion of general guidelines for parent volunteers emphasizing the common sense steps of listening first and of being positive, yet realistic.

IV. "Veteran" outreach parent volunteers who had made parent contacts presented some of their experiences and answered questions of the current participants in training. (Implemented after first training group.)

V. Small group activity:

The larger group was divided into smaller groups of four to five members. Each group was asked to role play (or discuss) situations. The following instructions and examples were handed out. After the small groups interacted around a situation, the large group discussed alternative ways to approach each.

We encourage you to add to or delete from the following situations. They key is that they represent life experiences that you and your training group feel will reflect possible interactions that may be encountered in actual parent-to-parent contacts.

As part of the training sessions, a number of common situations often encountered are brought out to demonstrate by role-playing or discussion how the parent volunteers might react when they are "on the firing line."

Finally, there is an evaluation form consisting of 13 areas which the parent volunteers complete.

SLARC then established a list of potential sources of referrals for the service including: hospitals, clinics, physicians, clergy, social service agencies and informal sources.

The Parent Outreach Program needs to be kept alive and growing through such efforts as:

1. Printed material to explain the program.
2. Selective contacts to all relevant sources of referrals.
3. Identification of all media outlets in the community, including information on who to contact, news format they prefer to use, deadlines, etc.
4. Utilization of personal affiliations and associations of staff and volunteers to expand referral networks.
5. Personal contacts; availability to answer requests for additional information or presentations to groups.

6. Persistence; follow-up; to assure visibility to those who need you when and where they need you.

MATERIAL REQUIRED: None

COST: No invormation available.

FAMILY INVOLVEMENT: Only parents were noted.

EVALUATION BY PARENTS: Trainees evaluate training sessions.

AGENCIES INVOLVED: Local health, medical and social agencies.

REPLICABILITY: Yes

COMMENTS: SLARC has a Parent-Infant Training Program in which a special education teacher visits each home once a week to prescribe an individualized program for the child, based on developmental sequence and the child's current level of functioning. She demonstrates to the parent methods and activities which can be used, and the parent is expected to work daily in these prescribed activities with the child. In addition, there is a weekly meeting of mothers and infants in groups of six, who gather in a classroom setting to use special equipment and to share feelings and concerns about their retarded children.

The Pilot Parents Program

Greater Omaha Association for Retarded Citizens
3212 Dodge Street
Omaha, Nebraska 68131
(402) 348-9220

CONTACT PERSON: Patty Smith, Coordinator

AREA SERVED: Greater Omaha, Nebraska

TARGET POPULATION: Children who are handicapped by mental retardation, cerebral palsy, epilepsy or autism.

PURPOSE: To train parents of handicapped children so they in turn can help and train other parents of children handicapped by a developmental disability.

To provide technical assistance to parents interested in developing their own Pilot Parent Program.

EXPECTED RESULTS: To provide emotional support and understanding.

To offer factual information about developmental disabilities.

To provide information on medical services, educational programs and supportive agencies.

STAFF REQUIRED: A coordinator; two outreach specialists.

SERVICE DELIVERY: The activities involved in the Pilot Parent Program are:

Recruitment -- In recruiting parents for this program, the qualities looked for are: 1) Good personal and family adjustment 2) Demonstrated ability to relate to and help other parents 3) General understanding of Mental Retardation, Epilepsy, Cerebral Palsy, Autism 4) Identification with active membership in parent groups pertaining to specific handicaps. The recruitment of pilot parents is accomplished by requesting names of potential candidates from the GOARC Board, the Nebraska Epilepsy League and United Cerebral Palsy of Omaha, from counselors in ENCOR, chairpersons of various parent groups, i.e., PTA's, day care centers, etc., pilot parents themselves. Appeals are also made through the GOARC newsletter and at the GOARC General Membership Meetings. Each person whose name is received or who indicates an interest in the program. is contacted personally, asked to fill out an application and interviewed by the Pilot Parent Coordinator with the assistance of a pilot parent. These parents are asked to commit themselves for one year at a time.

Training -- In order to prepare people to become pilot parents, a 7-week training session is held twice yearly in which the following topics are discussed: 1) Pilot Parenting 2) Mental Retardation, Epilepsy, Cerebral Palsy and Autism 3) Normalization 4) Community Services 5) Psychiatrist View of Pilot Parenting 6) Infant Stimulation 7) Life-threatening conditions. These topics are presented by speakers noted in their field. Reading materials are used during these sessions. Also additional materials are provided for the pilot parents to give new parents. This initial training is followed by monthly meetings where Pilot Parents exchange experiences and ideas and further their knowledge of all three handicaps.

Publicity -- In order to have the program known, a strong publicity campaign was implemented during the four-month planning period and continues to be an integral part of the total program. Publicity activities include the use of mass media, arranging radio and TV appearances, stories in newspapers and contacting service organizations for speaking engagements. The coordinator makes most of the contacts to arrange publicity opportunities and involves all of the pilot parents. Letters were sent to physicians, dentists, school-parent organizations and clergy to inform them of the program. A brochure was made for mass distribution. Pilot parents have also discussed the program with their own physicians as well as visited social agencies and hospitals to make the program known. Local physicians were contacted and offered a packet of information. Posters have been placed in the local hospitals describing a packet of information available to the parents of children diagnosed as having mental retardation, epilepsy, cerebral palsy or autism.

Referrals -- Upon completion of the training program, pertinent information about the pilot parent family is obtained and recorded on a card kept by the coordinator. When people who are interested in the pilot parent program contact the coordinator at the GOARC office similar information is obtained. A card is then made out for the new family for use in the matching process. Families are matched as closely as possible according to the following: 1) Functional level of handicapped child; 2) Cause of handicap and/or secondary handicaps; 3) Age of parents; 4) Age of child; 5) Family structure, such as sibling equivalence; 6) Geographic area of residences; 7) Marital status of family; 8) Problems in family adjustment; 9) Employment; 10) Educational level of parents; 11) Income level of parents. After a pilot parent has been selected to match the new family, the coordinator contacts the pilot parent relaying the information received. The pilot parent is then expected to contact the new family within 24 hours if possible. The pilot parent would then maintain contact with the new family as frequently and for as long a period of time as seems appropriate to meet the needs of the new family. Technical assistance for those desiring to establish their own Pilot Parents Program is offered; consult with parent groups in outlining their 18-hour training program; provide a training manual to enable a parent group to establish their own Pilot Parent Program; supply speakers and media (a slide presentation describing the Pilot Parent Program, films, slides and video tapes for training sessions) to assist local leaders in their training program; supply pilot parent brochures and literature upon request; provide continuing assistance in the implementation and development of local programs through written materials and phone contacts to resolve programs as they arise.

MATERIALS/COSTS: Provided by program.

AGENCIES INVOLVED: A number of community parent educational, social disability, etc. groups are cooperating.

COMMENTS: A number of vignettes and comments by parents attest to the value of the program to the community. Although the originally planned target population was parents of newborn;

newly identified and/or recently acknowledged retarded, the age of children at the time of referral has ranged from 1 day old to 33 years old. Two-thirds of the referrals involved parents whose children were between the ages of 1 day and 6 years. At the present time the major sources for referrals have been ENCOR (Eastern Nebraska Community Office of Retardation), Public Health nurses, and GOARC. We would anticipate an increase in referrals and the number of sources of referrals as the community becomes more aware of the program.

Respite Services Community Development Project

Center for the Development of Community Alternative Service Systems
4300 Emilie Street, Room 4023
Omaha, Nebraska 68105
(402) 541-7717

CONTACT PERSON: Ms. Bertine Loop, Coordinator

AREA SERVED: Nebraska

TARGET POPULATION: Persons with a developmental disability and their families.

PURPOSE: To assist the development of integrated community-based systems to provide temporary family support for developmentally disabled persons and their families.
To provide advocacy for family supports and integrated communtiy services.

EXPECTED RESULTS: The Project emphasis is on programs that are 1) individualized and responsive to the needs of consumers and their families and 2) integrated into the mainstream of the community as part of an organized community system of family supports.

SERVICE DELIVERY: Activities of the project have included: provision of technical assistance and training; network and coalition building among programs; program development and evaluation; the publication and distribution of manuals, directories and other resource information (a "how-to" resource manual is now at press); and co-sponsorship of a national conference on respite care with Georgetown University's affiliated program in May, 1978, the proceedings of which will be available 9/78.

COMMENTS: At least 39 publications are available from CASS covering such topics as Basic Resource Packet, Resource Bibliography Resource Manual, Overview Packet for the National Conference on Family Support Systems, Parent Support Groups and Personal Advocacy, Homemaker and Home Health Services, State Agency Systems, Training: Personnel Preparation Parent/In-Home, Temporary Foster Care and Generic Agency Development, Care Residential Programs, Family Resource Services, etc.

REGION VIII

Colorado - 2

Utah - 3

Sewall Early Education Development Program

Sewall Easter Seal Rehabilitation Center
1360 Vine Street
Denver, Colorado 80206
(303) 399-1800

CONTACT PERSON: Diane Pefley

AREA SERVED: Denver, Colorado

TARGET POPULATION: Infants who have mild mental retardation and other physical/mental handicaps.

PURPOSE: To help parents understand the handicapped child in the home and prepare the way for eventual participation in community activities.

To establish a model utilizing educational and health resources demonstrating the impact of preventive and early educational intervention through an infant preschool program for the handicapped.

To provide individual instruction using a multi-disciplinary staff to increase motor, language, cognitive and socio-emotional abilities.

To help parents through home training.

EXPECTED RESULTS: To prepare for a smooth transition of the child from the home to specialized preschool to regular preschool.

STAFF: Multidisciplinary professional staff.

SERVICE DELIVERY: The handicapped child is assessed and provided individual instruction from the multidisciplinary staff in order to correct deficiencies and increase motor, language, cognitive, social and emotional abilities. Parents are helped via a developmental, educational and therapeutic program to understand early development and much of this is administered in the home. A weekly program for mother and child promotes the smooth transition from the home out to the specialized preschool and then on to the regular preschool. Parent counseling and training is provided on an individual basis. Parent group meetings participate directly in the program.

The program also develops and implements procedures and techniques for identifying disadvantaged children aged 1-3 with the following handicaps: educable mental retardation, speech impairment, orthopedic handicap, and brain damage. Observation techniques, interviews, and pre- and post-testing are administered.

Instruments used: Seed Reasoning Scale, Seed Emotional Development Scale, Seed Motor Maturity Evaluation Instrument, Seed Self-Help Evaluation Instrument and the Seed Language Evaluation Instrument.

MATERIALS/COSTS:	Materials are provided by the program.
AGENCIES INVOLVED:	Community health and educational resources.
COMMENTS:	Program is replicable.

Special Program for Individual Needs

Mile High Child Care Association
1575 Gilpin Street
Denver, Colorado 80218
(303) 355-1618

CONTACT PERSON: Byron Wright

AREA SERVED: Denver, Colorado

TARGET POPULATION: Children, 2 months through 6 years of age, with mental retardation, emotional disturbances, crippling and disorders of vision, hearing and speech.

PURPOSE: To provide direct services to a group of handicapped children, 85% of whom are either black or Spanish-American, whose families live in the model cities target area.

To train day care staff and special education aides.

To offer support and assistance to parents.

SERVICE DELIVERY: Twelve day care centers and 250 day care homes serve 1,200 children and their parents, the majority of whom live in the model cities target area.

Three classrooms are primarily based at the Kennedy Center preschool with expansion to model demonstration in actual day care settings. Individually prescribed instruction is superimposed upon an enriched early childhood curriculum. Assessment is made of each child; areas of need are delineated; and a resultant goal stated. The classrooms are replicated in day care centers shortly after they are set up at the Kennedy Center. The three classrooms represent the toddler level, an integrated class of 15 children (which included parents in the process of remediation) and a short-term transition classroom (consisting of 6 to 8 children). Test and retest data is used to assess growth. Videotapes are made of the children as a training technique.

Training of staff (day care and special education aides) is an important part of the program.

Parents are offered support, training and assistance in a number of ways.

MATERIALS/COSTS: Provided by project.

COMMENTS: Program is replicable.

Effectiveness of Parents as a Treatment Resource in Rural Areas

Utah State University
Special Education Department
Logan, Utah 84322

CONTACT PERSON: Alan Hofmeister, Director

AREA SERVED: Rural Utah and Idaho

TARGET POPULATION: 72 children with learning difficulties.

PURPOSE: To assess how effective is a treatment program for children with learning difficulties using parents as the major treatment resource.

STAFF REQUIRED: Three part-time.

SERVICE DELIVERY: The curriculum is based on 1) identified skill deficiencies and 2) the cost and problems of developing program components to function effectively with the resource available.

The study has two phases: 1) the development and formative evaluation of a treatment process in which consideration is given to replication of administrative as well as instructional procedures; and 2) the summative evaluation utilizing control and experimental group and standard testing involving children in rural Utah and Idaho. A three-month follow-up period and retesting follows the three-month experimental intervention period.

MATERIALS/COST: Highly programmed tutoring materials are used. Low cost.

AGENCIES INVOLVED: Education.

COMMENTS: Parents are used as tutors. Materials are exportable.

Multi-Agency Preschool Program for the Handicapped

Utah State University
Exceptional Child Center
Logan, Utah 84322
(801) 752-4100

CONTACT PERSON: Glendon Casto

AREA SERVED: Utah -- preschool programs in rural remote areas and replicable programs for the handicapped throughout a four-state region.

TARGET POPULATION: Ages 0-3 for Infant Stimulation, 3-4 for the parent training stage and 4-5 for severely handicapped and at-risk children who are mentally retarded, deaf- blind, and emotionally disturbed severely enough to indicate they would have trouble in a regular school setting.

PURPOSE: To demonstrate agency cooperation in providing developmental programs for the handicapped.

To demonstrate the use of parents as primary programmers for their handicapped children.

To demonstrate an economical model for providing preschool programs in rural remote areas.

To disseminate replicable programs for the handicapped throughout a four-state region.

To disseminate parent training materials.

STAFF: Interdisciplinary staff and faculty at the University.

SERVICE DELIVERY: The University Affiliated Exceptional Child Center at Utah State University is developing a model for coordinating the effort of several agencies in identifying and providing education programs for handicapped children. The children identified are provided programs according to the following format:

Children aged 0-3 participate in an infant stimulation phase (these children are handicapped); children aged 3-4 years participate in the parent training phase (this includes severely handicapped and at-risk children). The preschool phase is for severely handicapped and at-risk children.

This project is demonstrating as a continuous program. Evaluation of infants in the infant stimulation program is done by newly designed inventories. Children in the other two phases are being assessed by previously mentioned tests and by other psychological and school staff on a pre- and post-test basis.

Instruments used are Receptive Language Inventory, Motor Development Expressive Language Inventory, Boehm Test of Basic Concepts, Picture Vocabulary Test, California Preschool Social Progress Assessment Chart of Social Development.

MATERIALS/COSTS: Necessary materials are provided by the Center at no charge to parents.

AGENCIES INVOLVED: Educational and social agencies in the area.

COMMENTS: None.

A Model Demonstration Project for Home-Based Early Education of Handicapped Children

Granite School District -- Special Education
340 East 3545 South
Salt Lake City, Utah 84115
(801) 268-8121

CONTACT PERSON: Lester Coon

AREA SERVED: Salt Lake City, Utah

TARGET POPULATION: Preschool children, 0-5 years, who are mentally retarde hard of hearing, deaf, speech impaired, visually handicapped, crippled, and/or seriously emotionally disturbed.

PURPOSE: To develop a model that provides educational services for handicapped preschool children in which the parent plays a principal role in the provision of educational services to the child.

To select appropriate evaluative instruments for identi and prescribing for handicapped children.

To provide in-service training for the teachers.

To orient the community regarding the project services.

To enroll the parents in a class designed to instruct them in conducting the prescriptive teaching program in the home.

To determine immediate and long-range goals for the children served by the project.

EXPECTED RESULTS: The project is demonstrating whether services for handicapped children living in an urban area can be provided by a school district using the children's parents as the primary educational agent.

STAFF: Special education personnel.

SERVICE DELIVERY: The first year of the project is a planning year for selecting and adapting the evaluative tools, training staff, orienting parents, and setting up the process for identification, evaluation, and diagnosis of the children. Staff also selects instruction, curriculum, and supportive materials for training the parents in following the teaching procedures with their children.

MATERIALS/COSTS: Necessary materials are provided by the project at no charge to parents.

AGENCIES INVOLVED: Local community agencies.

COMMENTS: Program is replicable.

REGION IX

Arizona - 2

California - 7

Hawaii - 1

Program Enrichment Demonstration Through Staff Integration and Development

Chiniligi Alchini Idahooxaa Inc.
Chinte Valley School for Exceptional Children
P.O. Box 1026
Chinle, Arizona 86503
(602) 674-3451

PROGRAM DIRECTOR: Nelson Gorman, Jr.

AREA SERVED: Chinte Valley, Chinle, Arizona

TARGET POPULATION: Age: pre-K to 6th grade - Navajo children.
Disabilities: MR and physical handicaps.

PURPOSE OF PROGRAM: To serve the needs of young MR and physically handicapped Navajo children; to assist and educate their families.

STAFF:

SERVICE DELIVERY: At the school, an assessment is made of the deficiencies of 33 young retarded and handicapped Navajo children, as a basis for providing bilingual speech therapy, physical therapy and physical education. The needs of their parents are also determined following which staff assists and educates the families. This includes parent workshops conducted to acquaint parents with the nature of the problems presented by their children.

Vocational training is provided for some of the children.

An education-therapy teaching team is used for instruction.

Another component of the program is a group home facility for four older children supervised by a young foster parent couple.

Dissemination of information concerning the school to the community is an important priority.

Staff logs and reports are used to evaluate the programs; assessment of the children and teachers is accomplished by various measures.

MATERIALS: Provided by project.

COST OF PROGRAM: No charge indicated for parents.

FAMILY INVOLVEMENT: Training and education of parents and family.

EVALUATION BY PARENTS AND OTHERS: Evaluation important for continuing effort.

CAN PROGRAM BE REPLICATED: Yes. Results of project disseminated to assist in replication.

Home and School Services for Handicapped Children Ages 0-4

Magnolia School District #14
P.O. Box 649
Magnolia, Arizona 71753
(501) 234-3511

PROGRAM DIRECTOR: Louise Phillips

AREA SERVED: Magnolia (Arizona) School District #14

TARGET POPULATION: Age: 0-4

Disabilities: Mental retardation, emotionally disturbed, learning disabilities, physically handicapped, speech impaired, visually impaired and hearing impaired children.

PURPOSE OF PROGRAM: To search out handicapped children in a rural and economically depressed region. To train high school and junior high school students in "respite care" techniques for handicapped children.

To train parents and teachers.

STAFF:

SERVICE DELIVERY: The project is carried out in an integrated school setting, combined with home visits. Identification and assessment procedures are developed and tested, and a manual is produced and disseminated. Teachers try out the Memphis curriculum and other similar curricula; curriculum and training materials are produced.

Students in high school and junior high schools are trained in respite care techniques in the care of handicapped children which allows the parents freedom to participate in training and consultation sessions.

The students are tested to assess improvement in developmental skills.

MATERIALS REQUIRED:	Information not available.
COST OF PROGRAM:	None indicated.
FAMILY INVOLVEMENT:	Parents
EVALUATION BY PARENTS:	Not indicated
AGENCIES INVOLVED:	Supplementary Services provided by the public schools. Active service agencies and cooperative agencies.
CAN PROGRAM BE REPLICATED:	Yes. Plans include packaging for replication in other rural school districts.

Infant Intervention in a Chicano Barrio

El Arca Inc.
3951 Melford Street
Los Angeles, California 90063
(213) 266-2141

CONTACT PERSON: Joann Nulman

AREA SERVED: A Chicano community in Los Angeles

TARGET POPULATION: Severely retarded and multiply handicapped children under 3 years.

PURPOSE: To demonstrate the feasibility of a parentally-directed interdisciplinary service to the community.
To train and help parents direct a program.
To train paraprofessionals and to document unique infant practices in the community.

EXPECTED RESULTS: Development of an education treatment program. Dissemination is also a concern of the program.

STAFF: Interdisciplinary.

SERVICE DELIVERY: A minimum of 24 infants are served. Families are assigned to either the infant school or the home treatment program. The curriculum for the infant is based on the assessment made by the staff. The problem areas are discussed at length with the parents and their priorities become the priorities of the staff for the infant school activities and the home visits. Evaluation occurs in the following categories: 1) demographic data; 2) descriptive data related to service contacts; 3) comprehensive evaluation of infants, including normative data on developmental levels; 4) frequency on specific target behaviors;

and 5) evaluation of infant's overall development and program every six months. Instruments used are Bayley Scales of Infant Development and Inventory of Home Stimulation.

MATERIALS/COSTS: Necessary materials are provided by the program at no charge to parents.

AGENCIES INVOLVED: None.

COMMENTS: Program can be replicated.

Infant-Parent Education Project

Charles W. Drew Post Graduate Medical School
1621 East 120th Street
Los Angeles, California 90059
(213) 603-4661

PROGRAM DIRECTOR: Vivian Weinstein

AREA SERVED: Los Angeles, California Southeast health region.

TARGET POPULATION: Age: Infants 0-18 months.

Disabilities: MR, cerebral palsy, sensory loss.

PURPOSE OF PROGRAM: To provide a model for identification, evaluation and education for handicapped infants.

To provide educational and medical/social intervention for infants and their families.

SERVICE DELIVERY: Infants are referred to the program if they have at least one of the following problems:

1. slow development
2. prematurity
3. genetic problems
4. sensory loss and impairment
5. latent or active convulsive states
6. cerebral palsy
7. physical handicaps

After referral, infants and their families are evaluated and a comprehensive treatment plan is developed.

Parents are trained to develop general child development skills, special skills (i.e. feeding a cleft palate child) and are given supportive and genetic counseling to overcome the emotional burden of raising a handicapped infant.

STAFF REQUIRED: Social worker, nurse and other supportive project personnel.

MATERIALS REQUIRED: Provided by project.

COST OF PROGRAM: No charge to parents indicated.

FAMILY INVOLVEMENT: Parents.

EVALUATION BY PARENTS AND OTHERS: Program effectiveness is evaluated by the success of the infant and family.

AGENCIES INVOLVED: No information.

CAN PROGRAM BE REPLICATED: Yes

A Model for the Early Education of Handicapped Children and their Families

Department of Special Education
California State University
5151 State University Drive
Los Angeles, California 90032
(213) 224-3631

PROGRAM DIRECTOR: Patricia Simmons

AREA SERVED: Los Angeles, California

TARGET POPULATION: Age: children aged 0-5 and their families.
Disabilities: mental retardation, deaf, blind, deaf-blind, multiple handicaps, emotional disturbance and crippling conditions.

PURPOSE OF PROGRAM: The objective is to design, implement, evaluate and disseminate a model for the early intervention and education of young handicapped children and their families, drawn from minority groups. To aid by providing support and training.

SERVICE DELIVERY: The project works to develop and maintain a home environment which is supportive to, and consistent with all educational intervention strategies with the child, helping parents to gain knowledge of developmental sequences in the young child and elicit and reinforce behavior critical to the development of the child.

The project identifies and establishes liaison with all existing preschool programs for placing the handicapped and normal child.

Training is given to parents, teachers, community workers and paraprofessionals associated with the project.

MATERIALS REQUIRED: Provided by the project.

COST OF PROGRAM: None indicated.

FAMILY INVOLVEMENT: Parents only are mentioned

EVALUATION BY PARENTS AND OTHERS: No information.

Rural Handicapped Children's Early Education Project

Merced County Department of Education
Special Education
632 West 13th Street
Merced, California 95340
(209) 723-2031 ext. 267

PROJECT DIRECTOR: Stephanie C. Twomey

AREA SERVED: Merced County, California

TARGET POPULATION: Age: Infants 0-3 years.

Disabilities: Mental retardation, cerebral palsy, visual and hearing handicaps and high risk characteristics with delayed development, the abused and neglected infant.

PURPOSE OF PROGRAM: The major objectives are to develop:

1. a rural model for identification and intervention.
2. a model for implementation with a bilingual population
3. a parent training component for child advocacy
4. an identification network for the abused child

SERVICE DELIVERY: The children are enrolled in a home-based program (modeled after a UCLA home intervention program which trains parents to promote developmental progress in their infant) and in a center-based program that provides an optimal environment which facilitates all areas of development.

Handicapped children participate with their non-handicapped siblings and peers and are eventually mainstreamed into regular preschool, a Head Start or other special education classes requiring less services.

MATERIALS REQUIRED: Provided by project.

COST OF PROGRAM:	No charge to parents indicated.
FAMILY INVOLVEMENT:	Parents.
EVALUATION BY PARENTS AND OTHERS:	No information available.
AGENCIES INVOLVED:	Local social, health and education agencies.
CAN PROGRAM BE REPLICATED:	The model may be replicated with a bilingual population.

Parent - Infant Project

Children's Hospital Medical Center
51st and Grove Streets
Oakland, California 94609
(415) 654-5600 ext. 351

PROGRAM DIRECTOR: Richard Umansky

AREA SERVED: Oakland, California

TARGET POPULATION: Age: infants.

Disabilities: MR, cerebral palsy, neurological disorders, congenital defects, autism.

PURPOSE OF PROGRAM: To develop, implement and evaluate a comprehensive curriculum, which, by educational, counseling and supportive means, helps parents of handicapped infants become effective developmental therapists for their infants.

STAFF REQUIRED: No information.

SERVICE DELIVERY: Intervention focuses on the family unit beginning the first year of the infant's life in which weekly home visits are made by a parent educator. Parents are trained in using several teaching techniques, including modeling, reinforcement, repetition and task analysis. As visits to the home decrease, the parent educator functions more as a consultant than as a teacher.

In the second and third years of the families' participation, infant-centered group components with major parent involvement will evolve and become primary.

Two more infant cohorts under age one are admitted to remain for the balance of the project. Also, handicapped children are grouped during the second and third project year.

A Family Responsibility Profile is used to assess progress.

MATERIALS REQUIRED: None indicated.

COST OF PROGRAM: No charges mentioned.

FAMILY INVOLVEMENT: Parents

EVALUATION BY PARENTS AND OTHERS: No information.

CAN PROGRAM BE REPLICATED: Yes

Outreach Preschool Program Casa Colina Hospital

Casa Colina Hospital for Rehabilitative Medicine
Claremont Graduate School
255 East Bonita Avenue
Pomona, California 91767
(714) 593-3439

CONTACT PERSON: Elizabeth Neumann

AREA SERVED: Pomona-catchment area of the hospital.

TARGET POPULATION: Fifty preschool children -- trainable and educable mentally retarded, visually handicapped, emotionally disturbed, speech impaired, crippled, multihandicapped or have specific learning disabilities.

PURPOSE: To expose handicapped children during the vital preschool years to a systematic series of experiences designed to enhance their perceptual, motor, verbal, conceptual and social skills. At the same time, the parents of these children participate in activities to further their ability to act as managers of handicapped children throughout the child's school career.

SERVICE DELIVERY: The Casa Colina-Claremont College preschool program has developed a model of service with three main strength areas: 1) a diagnostic-prescriptive teaching approach to preschool children with special needs; 2) the concept of parent as therapist and techniques to implement this; and 3) the parent advocacy program, an interaction approach to helping parents to acquire skill in working with medical and educational professionals.

Assessment made in order to determine the physical, neurological and learning handicaps of the out-reach children, and pre- and post-measures are used.

An individual therapy program is then implemented in the child's home and own school site. Training is provided for Head Start/day care workers, college students, teachers, and parents.

Infant Special Education Project

Family Services Agency
Family Developmental Center
1010 Gough Street
San Francisco, California 94109
(415) 626-0171

CONTACT PERSON: Judith Lewis

AREA SERVED: San Francisco, California

TARGET POPULATION: Infants, aged 0-3 years, with mental retardation, hearing impairment, speech impairment, visual handicap, serious emotional disturbance, crippling conditions, or other health impairment.

PURPOSE: To demonstrate the effectiveness of a preventive approach to learning disabilities and retardation in handicapped/ high risk infants through the provision of a developmentally oriented therapeutic program.

STAFF: Professionals knowledgeable in child development. Social work support and other services.

SERVICE DELIVERY: This project is composed of home- and center-based day care components for infants who have visual deficits, neurological damage, Down's Syndrome, hydrocephaly, developmental delays, speech, orthopedic and other health handicaps. Some of the infants are also abused. Parents are white, black, Spanish, Phillipino and Vietnamese and come from a mixed economic background; some of them are adolescents. In the home program, infants and their parents receive educational services conducted by the head teacher once a week. Parent education meetings are conducted once a week. Entrance and ongoing evaluations are the basis for individualized programming for each of the children. The Center program provides an environment which facilitates all areas of growth and development. The concepts of consistency and regularity in the environment, reinforcement of the child's positive functioning, and stimulation appropriate to the individual child are all essential to the program. The home component is initiated for those parents who are unable to bring their child into the Center. The program provides inservice training for the child care/teaching staff.

MATERIALS/COSTS: No information available.

COMMENTS: Parental attitudes are evaluated annually and infant development is assessed regularly. Techniques and materials that are generalizable to other programs are produced. The program can be replicated.

Enrichment Project for Handicapped Children

School of Public Health
University of Hawaii
2444 Dole Street
Honolulu, Hawaii 97822
(808) 948-8658

CONTACT PERSON: Setsu Furuno

AREA SERVED: Honolulu, Hawaii

TARGET POPULATION: Children, ages 0-4, who are mentally retarded, crippled, deaf/blind, visually handicapped and have specific learning disabilities.

PURPOSE: The project serves 69 multiply handicapped children in an effort to help them reach their maximum potential.
To make follow-up visits on children graduated from the program to determine the progress of each child and assess parental adjustment.
To develop a parent curriculum which includes topics of educational merit and methods of helping families adjust.
To develop a series of activities for siblings to include, according to age level, educational efforts for understanding their handicapped sibling and methods for dealing with their feelings; and to complete the infant curriculum.

EXPECTED RESULTS: It is expected that handicapped infants benefit by making more rapid developmental gains, and by the prevention of unnecessary secondary handicaps.

SERVICE DELIVERY: The emphasis of the project is on curriculum development, family integration, development of a multi-disciplinary and replication of a model in rural Oahu and the neighboring islands; on providing student training and on early case-finding and referral.

A daily infant program provides direct intervention in the areas of cognitive, language, motor, social and emotional development.

Families are expected to improve their coping abilities and achieve goals of increased knowledge, realistic and positive attitudes and appropriate practices to promote the total development of their children, both the normal and the handicapped.

COMMENTS: Parents are interviewed to determine attitudes towards the program and the infant.

REGION X

Oregon - 1

Washington - 3

Parent Education Program

Center on Human Development
University of Oregon
901 East 18th Street
Eugene, Oregon 97403
(503) 686-3575

CONTACT PERSON: Kristi K. Olson, MSW

AREA SERVED: The catchment area of the Center.

TARGET POPULATION: Preschool children with multihandicapping conditions.

PURPOSE: To involve parents in the behavioral management of their child.

To educate parents to be advocates for needed and better programs for their children.

To provide parents with information on how to resolve personal difficulties relating to their total acceptance of their handicapped child.

To provide parent training in the areas of communication and motor skills.

To provide information regarding handicapping conditions and the uses of available resources.

STAFF: The interdisciplinary staff at the Center and classroom teachers.

SERVICE DELIVERY: 1) Parent Training -- In conjunction with the Lane County Parent Trainer, classroom teachers provide individualized home programs for parents who desire assistance in behavior management and self-help skills training. In addition, parent training is provided in the areas of communication and motor skills. Teachers meet with parents frequently to inform them about the child's progress in school and to discuss progress in home programs. Parents may also assist in the classroom as volunteer aides.

2) Group Education -- There is a weekly meeting of parents for the purpose of mutual support and sharing of ideas, experiences and information. The discussions center around their expectations of professionals, public reaction to them and their child and the impact of the child on their home life. Parents also meet weekly for group education concerning such issues as public school education, recreational services, respite care and legislation relating to the handicapped. Speakers are brought in and films are shown. Center staff attend and may cover such areas as speech and language development, medical problems and physical therapy. Once a month, evening meetings are held for fathers and working mothers. A monthly newsletter is published and includes a calendar of activities, summaries of the parent group meetings, items of interest on community services, messages from teachers and other articles.

3) Parent Advocacy -- is a special project of the Center on Human Development and was formed by the parents, concerned over the general lack of public knowledge regarding handicapped individuals. They formed a speakers bureau and present panel discussions at medical meetings, university and community college classes and to other parent groups. Several parents serve on various community planning committees, advisory boards and

councils, and other civic groups, believing that they can make a difference in the future of their children.

4) The Joint UAF-R&T Center Project -- involves the collaboration of the University Affiliated Facility with the Rehabilitation Research and Training Center in Mental Retardation in developing a series of audio-visual materials for use in the training/education with parents of developmentally disabled children. Staff consisting of a social worker, rehabilitation psychologists, graphic designer and representative parents of children enrolled in the preschool program are pooling their specialized knowledge to create modules that illustrate various parenting experiences with handicapped children. This project will assist service organizations in better parent/professional partnerships on the part of developmentally disabled children.

MATERIALS/COSTS: Parents are given access to films and other media materials. There is also a parent resources library covering whatever is possible. There is no cost to parents. Salaries of staff, materials and transportation costs are covered by the Center on Human Development funding.

AGENCIES INVOLVED: Various community and governmental organizations offer educational opportunities.

COMMENTS: In the planning stages now is a parent training program which will provide a model for teaching parents of significant skills needed for managing the child's behavior at home. The family will specify objectives for increasing desirable and decreasing undesirable child behaviors. In addition, specific parent behaviors will be assessed. Later, the Center hopes to include weekly parent group meetings to discuss behavior management techniques in the home. This will include an eight-week course covering general information, and the designing of simple home programs for the parents to implement.

Selected parents serve on a Parent Advisory Committee the purpose of which is to work with the classroom staff in planning for long-range program needs in such areas as policy, finance, staff development, transportation and research.

There is impressive parental response and involvement when they are considered an integral part and have the opportunity for contributing to the overall programs.

The program is easily replicated if program has staff person to coordinate the services. Success depends on parental input on what is offered and open communication between parents and Center staff.

Fathers and Infants Class-A Model

Model Pre-School Center for Handicapped Children
Child Development and Mental Retardation Center
College of Education
University of Washington
Seattle, Washington 98195
(206) 543-4011

CONTACT PERSON: Sam Delaney, Co-Director.

TARGET POPULATION: Handicapped infants and their fathers.

AREA SERVED: Catchment area of the Child Development and Mental Retardation Center.

PURPOSE: To facilitate attachment between fathers and their infants.

To obviate the negative effects fathers experience as a result of their child's handicap, such as inferiority, depression and dissatisfaction.

To provide fathers with more opportunities to do something directly helpful for their handicapped child.

To help the mother benefit from the respite provided by fathers during those times they care for the child.

STAFF: A person knowledgeable in child development to conduct the classes.

SERVICE DELIVERY: Both fathers and infants attend the class on Saturdays from 10 a.m. to 12 noon. The day and time were selected by the fathers. The class schedule is as follows:

10 a.m. Sharing Time. At this time fathers comment on any changes they have noted in their child during the week, and they may also wish to comment on something

which occurred in the home between them and their wives. The period serves as an excellent opportunity to increase the father's visual awareness of the newborn as well as an awareness of the distinct characteristics of his infant son or daughter. Fathers are also able to develop a sense of community in which common concerns are made known and individual fathers develop a sense of going through an experience similar to that experienced by other fathers.

10:15 a.m. Zinger. At this time the fathers are given a sheet of paper which contains a thought for the day -- e.g. "The average father spends eight minutes a day with his child." The class then discusses the truth of the statement. Quite often, the fathers will take a copy of the zinger home and share it with their wives who oftentimes prepare their own zingers and send them back to the group.

10:45 a.m. Music and Exercise. Fathers and infants participate in a music and exercise period. Songs and exercises are taught so that fathers can do them at home with their infant. The music and exercise period serves as a vehicle for increasing tactile awareness. Fathers often comment on the softness of the infant's skin, the child's grip, etc. Because music and exercises offered in the class can be done in the home setting, they contribute to building a bridge between the father and his infant.

11 a.m. Snack. Each Saturday two dads sign up to prepare a snack for the infants and fathers. The snacks prepared are nutritional and developmentally appropriate. Prior to serving the snacks, each father discusses the snack he prepared, why the snack was appropriate for the infants, and how the snack was prepared. This is an excellent teaching tool, and it is not unusual to find fathers complimenting one another on a job well done and asking for recipes.

11:15 a.m. Guest Speaker: Child/Family Development. During this segment of the class an informal presentation is made by a professional. Each session is predicated upon the perceived needs of the fathers; careful initial and ongoing needs assessments are done, and language and terminology are at a level fathers can relate to. Each guest is well-prepared and very capable in his or her ability to relate to parents.

11:55 a.m. Preview. The last five minutes of class are devoted to previewing the coming week's activities. Fathers are provided an opportunity to articulate their request -- e.g., a father might suggest that during next week's session we focus on sleep problems in young children. Every effort is made to accommodate these requests. Follow-ups are also provided to ensure that what is offered is appropriate and of some assistance. It is important to recognize that the fathers and infants class is not locked into a rigid regime. For instance, on a given Saturday the entire class period may be spent on a field trip. During the spring quarter the fathers and infants were involved in an infant swim class on three consecutive Saturdays. The key to being effective is to be cognizant of the needs of the fathers and infants and willing to adapt the model to meet these needs.

MATERIALS/COSTS: No materials or costs are indicated.

AGENCIES INVOLVED: Not available.

COMMENTS: This program appears to meet a great need for fathers and should be a boon to the mothers both for respite purposes and a sharing of the parenting responsibilities. The class has been well received and there is a waiting list at the community college. An indicator of the class impact is that the absenteeism is very low and when a child is ill and cannot attend fathers come without their child.

Another class is being held at the Seattle Central Community College. Additional classes are being replicated in other community colleges.

Technical Assistance to Program for Preschool Handicapped Children

University of Washington
College of Education
Seattle, Washingon 98195

CONTACT PERSON: Alice Hayden

AREA SERVED: Seattle, Washington

TARGET POPULATION: Children, aged 0-6 with any handicapping condition.

PURPOSE: These are quality demonstration/service programs for young handicapped children and their families, which may be used for intensive training for other programs or project staff and for the development and evaluation of models and materials for field test.

EXPECTED RESULTS: Continuing efforts to improve programs and services provided for preschool handicapped children and their families through improved coordination and collaboration with other agencies and organizations.

STAFF: A multidisciplinary staff and faculty at the college.

SERVICE DELIVERY: The project provides consultation, field testing, technical assistance and training models and packets for directors of projects or programs already in operation or for programs just being initiated to serve young handicapped children and their families. The results of field testing are being used in the improvement and modification of models and training packets before they are made available for wider use in replicating programs and training procedures.

MATERIALS/COSTS: Training packets and models and a number of testing instruments for pre- and post-program participation are used. The cost is unknown.

AGENCIES INVOLVED:	Unknown
COMMENTS:	Evaluation is integral to all aspects of the programs in the project. Evaluation is made by staff reports, observations and testing.

A Home Treatment Program for the C.P. Child by Tyler, Nancy B. MOT, OTR, Kahn, Nancy OTR

Child Development and Mental Retardation Center
University of Washington
Seattle, Washington

REFERENCE: American Journal of Occupational Therapy, V. 30, N. 7, p. 437-440, August, 1976.

TARGET POPULATION: A 2-year-old boy with cerebral palsied athetoid.

PURPOSE: To develop methods and procedures for the mother to use in a structured home environment to promote the child's normal postural tone and movement during daily handling and care.

EXPECTED RESULTS: The development of the parent as a capable adjunct to the therapist in helping her son to make progress in feeding, sleeping and playing patterns in the home environment.

STAFF: An Occupational Therapist-Registered (OTR).

SERVICE DELIVERY: The child had been known to a clinic for about 1.5 years and was not progressing. It was then determined by staff that an intensive home treatment program should be initiated.

A therapist assessed one full day of home activities, after an evaluation of motor skills was made and observed how the mother physically handled her son for 2-3 hours a day, mostly devoted to feeding him. The child slept about 15 hours a day and sat in his high chair to play or watch TV for 6-7 hours.

The need for normal motor exercises became clear.

Priorities for the program with the mother were established for 1) feeding, 2) playing, and 3) sleeping.

1) Feeding -- Work on finding a feeding position that was comfortable for her and one that would elicit normal muscle tone in the boy, and normal patterns of biting, chewing, swallowing and breathing, as well as symmetry of head and trunk.

2) Playing -- The child was placed first in a side-line posture, then, propped front and back with pillows and maintained normal posture and midline play with his hand independently. This allowed for grasping, releasing and transferring objects, plus structuring his own play.

3) The side-lying posture, used for play, was chosen for sleep, whereupon the child's breathing was quiet, not raspy as before. Naps and night sleep were used in the side-line posture 75% of the time.

Using her new knowledge, the mother was able to change diapers, brush teeth, carry him, use the prone board, etc. making the child happier and her tasks easier.

MATERIALS/COSTS: None.

AGENCIES INVOLVED: None

COMMENTS: Two months of home therapy was more valid and productive than 1.5 years of clinic therapy.

The therapist needs to be sensitive to the family and to be aware of the constant demands in caring for a severely handicapped child.

Parents' need for personal outlets can be incorporated into a home program.

Replicability should be no problem.

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Wales - 1

247

Benefits to Down's Syndrome Children Through Training Their Mothers --

a study by R.T. Bidder, G. Bryant and O.P. Gray

CONTACT PERSON: Professor O.P. Gray, Department of Child Health, The Welsh National School of Medicine, Heath Park, Cardiff CF4-4XN.

TARGET POPULATION: Children 12 to 33 months old, with Down's Syndrome and mental ability of 9.5 to 22.5 months.

PURPOSE: To measure differences in the rate of development of the Down's Syndrome child after the mother had been instructed in and used behavior modification techniques in training her own child.

To investigate the therapeutic value of the skilled direction given to the parents.

EXPECTED RESULTS: The parents should have an increased understanding of the management of their child and the developmental progress of the child should be facilitated.

STAFF: Persons knowledgeable about behavior modifications techniques.

SERVICE DELIVERY: Sixteen mothers with a Down's Syndrome child were chosen for the study and divided into two matched groups, according to sex and chronological and mental ages, each having two girls and six boys. The mothers in the treatment group were given specific training in behavior modification techniques in 12 training sessions over a six-month period.

Mothers in the control group "received the usual attentions from the health visitor and the general practitioner."

The training sessions initially were given once a week for four weeks, then four sessions at fortnightly intervals and the last four sessions were given once a month. The first 1.5 hours were spent teaching mother behavior modification techniques, providing aims for training the child, and encouraging mothers to discuss the problems they encountered in achieving aims. The training program emphasized the importance of early language development, both verbal comprehension and verbal expression; manipulation activities, especially construction; self-help skills such as feeding, toilet training, dressing, helping in the home and general cooperation. Aims for each child were tailored, and were advanced in small steps.

The latter part of each session lasted about 45 minutes and was devoted to discussions by mothers of their family and personal problems resulting from their Down's Syndrome child. Here, the mothers were helped to involve the whole family in the treatment plan. This instruction was also given to the fathers and baby-minders in their one meeting during the program.

Throughout the six months of training, mothers were asked to keep frequent records. For the first two weeks, the records were those of the child's activities in the home. When the mothers understood the child's program they made daily recordings of their training sessions and the child's response. These recordings were used to decide if the mother's techniques needed modification.

At home, mothers took about 10 minutes to do the training sessions, repeating them twice or more daily, and were taught to modify their daily routine to have the maximum verbal communication with the child and to involve the child in household duties, encouraging independence and competence in self-care.

MATERIALS/COSTS: Teaching aids including tape recorders and a one-way observation mirror were used. The cost of the program to the parents is not available. The authors did the study at the Department of Child Health, Welsh National School for Medicine, Cardiff. Some financial help was available from the Clinical Research Fund of the Welsh Hospital Board.

AGENCIES INVOLVED: Staff of Glamorgan County Council Health Department and Cardiff City Health Department.

COMMENTS: Written comments by seven of the eight mothers indicated that they had gained in teaching skills and their morale was greatly improved.

Authors state they are exploring the possibility of using this training approach with children with other handicaps, including brain damage.

Recommended Reading

"A Readers Guide for Parents of Children with Mental Physical or Emotional Disabilities." Moore, Coralie B. and Morton, Kathryn Gorham, U.S. Department of Health, Education and Welfare, Public Health Service, Health Services Administration, Bureau of Community Health Services, Rockville, MD 20857, DHEW Publication No. (HSA)77-5290, 1976.

"Community-Based Systems of Temporary Family Supports and Integrated Respite Service Systems." The Center for the Development of Community Alternative Service Systems (CASS). Community Development Project (DHEW #54-P-71176/07-01) Meyer Children's Rehabilitation Institute, University of Nebraska Medical Center, Box 118, 42nd and Dewey, Omaha, Nebraska 68105.

Help Them Grow. by Jane Blumenfeld and others, 1971, 64 pp. Abingdon Press, 201 Eighth Ave., South, Nashville, Tennessee 37202, $1.75.

Living with a Mentally Retarded Child. by Beatrice Buckler, 1971, 242 pp., Hawthorn Books, Inc., 70 Fifth Ave., New York, NY 10011, $6.95.

The Mentally Retarded Child and His Family. by Harold D. Love, 1973. 203 pp., Charles C. Thomas, Publisher, 301-327 E. Lawrence Ave., Springfield, Illinois 62703, $7.95.

Mentally Retarded Children: What Parents and Others Should Know. by Harriet E. Blodgett, 1971, 165 pp. University of Minnesota Press, 2037 University Ave., S.E., Minneapolis, MN 55455, $5.95.

The Retarded Child: Answers to Questions Parents Ask. by Arthur A. Attwell and D. Ann Clabby, 1971, 134 pp. Western Psychological Services, 12031 Wilshire Blvd., Los Angeles, CA 90025, $5.95.

New Directions for Parents of Persons Who Are Retarded. by Robert Perske, 1973, 64 pp. Abingdon Press, Inc., 201 Eighth Ave., South Nashville, TN 37203, $1.95.

A Cup of Kindness: A Book for Parents of Retarded Children. by Louise Whitlock Fraser, 1973, 141 pp. Special Child Publications, Inc. 4535 Union Bay Pike, N.E., Seattle, Washington, $4.20

Training Retarded Babies and Pre-Schoolers. by Thomas F. Linde and Thusnelda Kopp, 1973, 183 pp. Charles C. Thomas, Publisher, 301-327 E. Lawrence Ave., Springfield, IL 62703, $12.75.

The Retarded Child. by Robert Isaacson, 1974, 174 pp. Argus Communications, Book Division 7440 Natchez Ave., Niles, Illinois 60648, $1.95.

Every Child Can Learn ...Something! For Parents and Teachers of Severely Retarded Children. by Margo Thornley, 1973, 119 pp. Special Child Publications, Inc., 4535 Union Bay Place, N.E. Seattle, Washington 98105, $4.50.